# 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 2024-67291

PIN # 4750 - 24 - 2564

APPLICANT/OWNER: Margaret Stevens | APPLICANT ADDRESS: 109 Serendipity Troutman, NC 28166

SITE ADDRESS: 109 Serendipity Troutman, NC 28166 | PHONE: (704) 450-9712 | ALT. PHONE (980) 829-3276

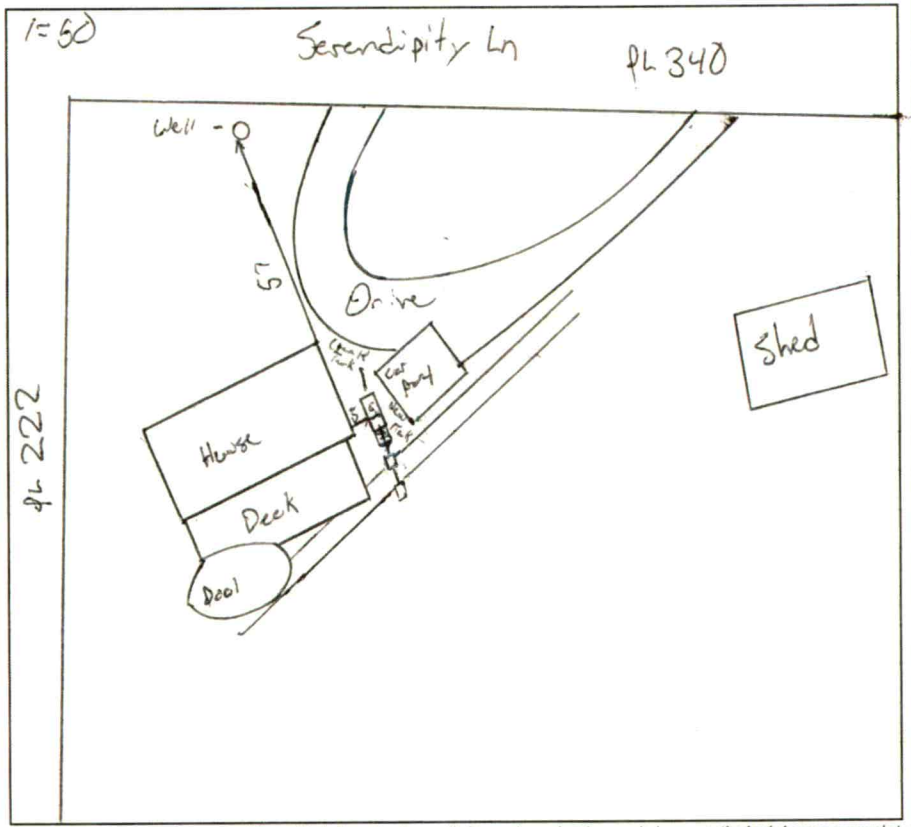
SITE DIRECTIONS: 21 S, Ostwalt Amity, Franklin Woods, Rainwood, Summertree | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Summertree | SECTION: - | LOT # 34 | LOT AREA: 2.03 | 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 | ☒ Residence | No. Bedrooms 3 | Water Supply |
| Pump Tank (gal) | PT | Date | System Description: | | ☐ Business | No. Persons 6 | ☒ Private |
| Pump Make | Model | Serial # | Repair System Description: Tank Replacement | | ☐ Other | No. Employees - | ☐ Public |
| # Nitrification Fields Ext | # Lines Ext | Linear Ft 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 Ext | ☒ 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: Dump, crush, fill old tank, place new tank in front or behind cracked tank. Stay 50ft from well with new tank. It is strongly encouraged to relocate above ground pool off lines.

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: On line Signature | Date: | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Matt Wilke ✓ | Date: 1/3/25 | OPERATION PERMIT by: Benjamin A Bolton ✓ | Date: 1/24/2025

AUTHORIZATION TO CONSTRUCT by: Matt Wilke ✓ | Date: 1/3/25 | 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? _____ | |

# PERMIT SNAPSHOT REPORT OSWP-2024-67291 FOR IREDELL COUNTY

| | | | | | |
|---|---|---|---|---|---|
| **Permit Type** | Environmental Health OSWP | **Project:** | | **App Date:** | 12/23/2024 |
| **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:** | Wilkinson, Matthew | **Approval Expire Date:** | |
| **Description:** | The septic tank is collapsing. | | | | |

| | | |
|---|---|---|
| **Parcel:** 4750292564.000 Main | **Address:** 109 Serendipity Main<br>Troutman, NC 28166 | **Zone:** RA(Residential Agricultural District) |

| Applicant/Authorized Agent | Property Owner | Applicant/Authorized Agent |
|---|---|---|
| Jeanie Lentz | Margaret Stevens | Jeanie Lentz |
| Home: (980) 829-3278 | Home: (704) 450-9712 | 463 Lentz Road<br>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_12/23/2024.jpg | 12/23/2024 12:05 | Lentz, Jeanie | | Uploaded via CSS |
| 109 Serendipity Lane Site Plan_v1.pdf | 12/23/2024 15:15 | Lentz, Jeanie | Available Online | |
| 109_Serendipity_Lane_-_Permit_Applications-margaretstevens_berryglobal.com_v1.pdf | 12/23/2024 15:15 | Lentz, Jeanie | Available Online | |

| Workflow Step / Action Name | Action Type | Start Date | End Date |
|---|---|---|---|
| **Application Completeness Check v.1** | | 12/23/2024 15:15 | 12/23/2024 15:16 |
| Confirm application complete v.1 | Generic Action | | 12/23/2024 15:16 |
| ~~**Zoning Review v.1**~~ | | | 12/23/2024 15:16 |
| ~~Floodplain Admin Overview v.1~~ | Task | | 12/23/2024 15:16 |
| ~~Iredell County Zoning Approval v.1~~ | Task | | 12/23/2024 15:16 |
| ~~Issue Invoice v.1~~ | Generic Action | | 12/23/2024 15:16 |
| ~~Fees Paid v.1~~ | Generic Action | | 12/23/2024 15:16 |
| Fees v.1 | | | |
| [illegible] | Generic Action | | |
| [illegible] | Generic Action | | |
| **Lot Readiness Verification v.1** | | | |
| ~~OSWP Septic Preliminary Site Visit v.1~~ | Inspection | | 12/23/2024 15:16 |

# PERMIT SNAPSHOT REPORT (OSWP-2024-67291)

| | |
|---|---|
| OSWP Site Evaluation v.1 | Inspection |
| Issue Improvement Permit v.1 | |
| Case 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 |
| Plan Authorization to Construct v.1 | Generic Action |

LHD PERMIT NO. OR FILE REF:_____

# 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:_____, 20_____**

**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):_____

Physical Address (if different than mailing address): _____

City: _____ State: **NC** Zip Code: _____

**OWNER ATTESTATION**

I, X_____, hereby request the use of best professional judgment in accordance
**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: _____ Date: _____

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