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 2025-70475

PIN # 4753-56-7599

APPLICANT/OWNER: Larry McCoy / Jeanie Lentz | APPLICANT ADDRESS: 4103 Lentz Rd Statesville NC 28625

SITE ADDRESS: 119 Oak Grove Rd Statesville NC 28677 | PHONE: 7048726674 | ALT. PHONE 7048832308

SITE DIRECTIONS: Hwy 70 → (R) Oak Grove Rd | SAP CONTROLLED: ☐ YES ☐ NO

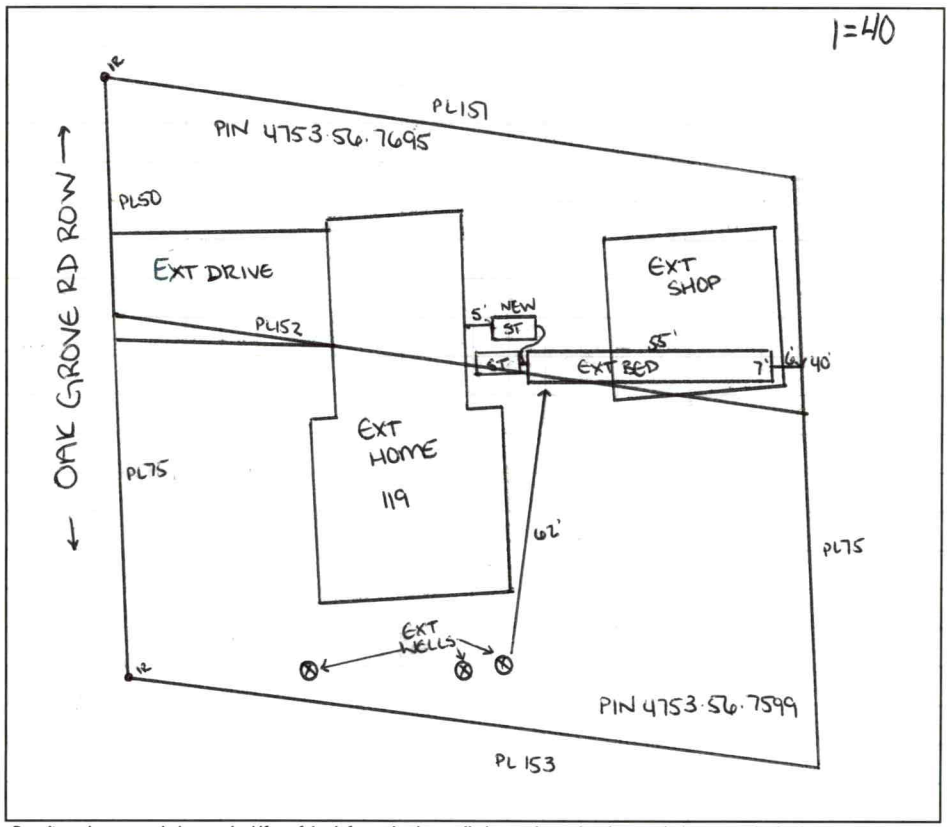
SUBDIVISION: HH Sigmon | SECTION: — | LOT # 161-163 | LOT AREA: — | DESIGN FLOW: EXT | L.T.A.R.(Initial): EXT | L.T.A.R (Repair): EXT

Septic Tank	1000 (gal)	STB 760	Date 2/26/25	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms EXT
Pump Tank	(gal)	PT	Date	System Description:	EXISTING			☐ Business	No. Persons EXT
Pump Make	Model		Serial #	Repair System Description:	TANK REPLACEMENT			☐ Other	No. Employees
# Nitrification Fields	1 # Lines EXT BED		Linear Ft EXT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width —	*Max. Trench Depth(Initial) —		*Max. Trench Depth(Repair) —	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): —				Usable Depth to LC (Repair): —	*Limiting Condition*

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush, fill existing tank. Replace any distribution as needed. System appeared functional at time of inspection. Must have deeded + recorded easement or combine lots before AC. BK 3174 Pg 828-829

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 | Date: — | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Sarah Williams | Date: 3/25/25 | OPERATION PERMIT by: Cory Hill | Date: 4/8/25

AUTHORIZATION TO CONSTRUCT by: Sarah Williams | Date: 3/27/2025 | 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? _____	

LHD PERMIT NO. OR FILE REF: OSWP 2025-70475

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): System extends under existing shop.

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)

Sarah Williams
Signature of Authorized Agent

3/25/2025
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 2025-70475

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: 3/25, **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): Larry McCoy

Business/Organization/Contact: Lentz Wastewater

Mailing Address: 463 Lentz Rd

City: Statesville State: NC Zip Code: 28625 County: Iredell

Telephone Number(s): 980-829-3278

Email Address: office@lentzwastewater.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4753-56-7599

Physical Address (if different than mailing address): 119 Oak Grove Rd

City: Statesville State: NC Zip Code: 28677

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.

PERMIT SNAPSHOT REPORT OSWP-2025-70475 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	02/19/2025
Work Class:	EH Septic Permit	**District:**	Statesville	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Williams, Sarah	**Approval Expire Date:**	
Description:	Deteriorated slab septic tank, side walls caving in				

Parcel: 4753567599.000 Main	**Address:** 119 Oak Grove Rd Statesville, NC 28677 Main	**Zone:** B-5(General Business District)

Applicant/Authorized Agent	Property Owner	Applicant/Authorized Agent
Jeanie Lentz	Larry McCoy	Jeanie Lentz
Home: (980) 829-3278	Home: (704) 872-6674	463 Lentz Road
		Statesville, NC 28625

Permit Custom Fields

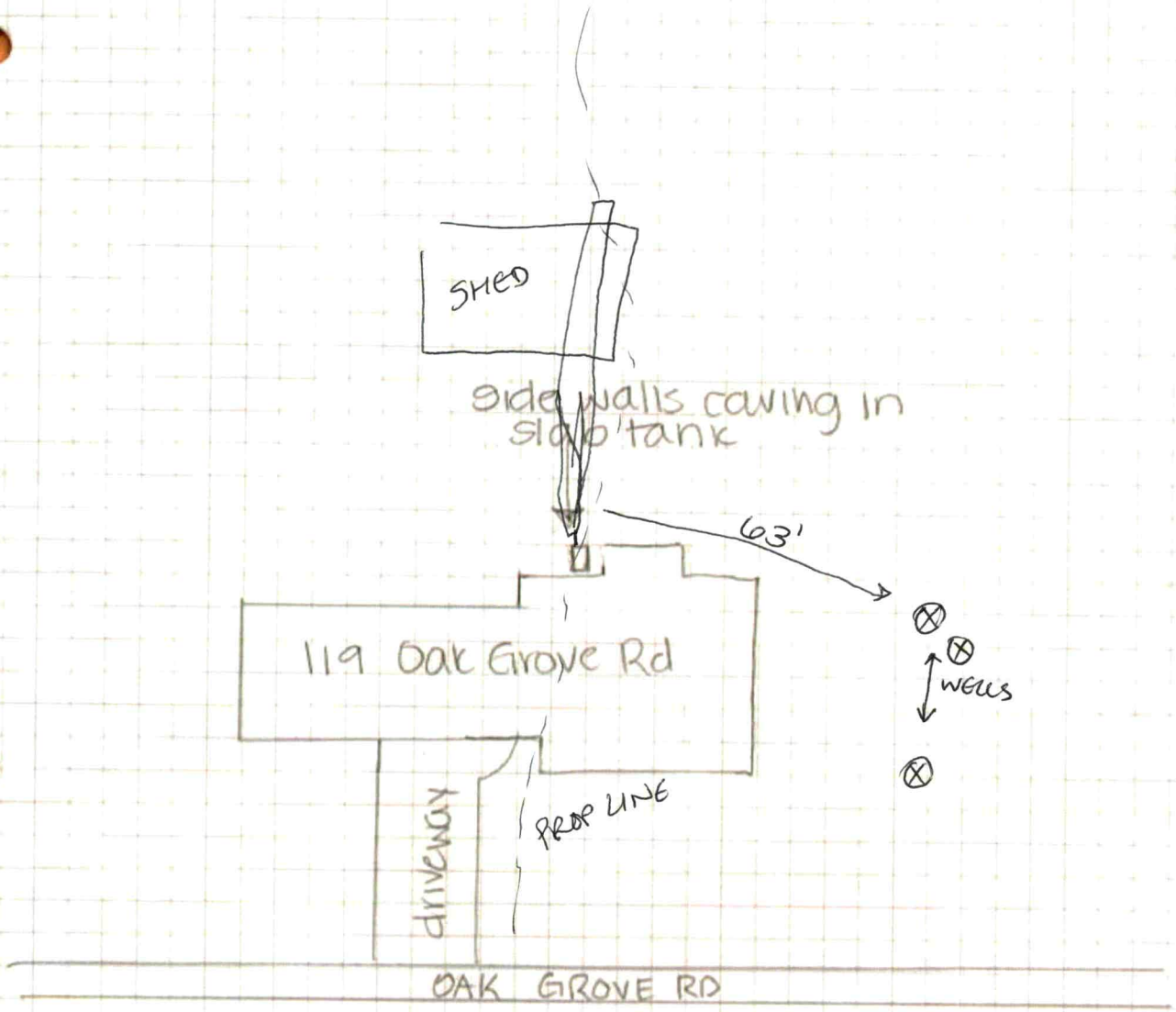
How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	N/A
What are the proposed structures	Other Addition/Structure	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	
Number of Occupants	2	Foundation Type	Crawl Space Foundation	Water Supply	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	
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Jeanie_Lentz_2/19/2025.jpg	02/19/2025 14:23	Lentz, Jeanie		Uploaded via CSS
119 Oak Grove - AUTH LEGAL REP_v1.pdf	02/19/2025 14:35	Lentz, Jeanie	Available Online	
119 Oak Grove - Site Plan_v1.pdf	02/19/2025 14:35	Lentz, Jeanie	Available Online	
119 Oak Grove 3_v1.jpg	02/19/2025 14:35	Lentz, Jeanie	Available Online	
119 Oak Grove-1_v1.jpg	02/19/2025 14:35	Lentz, Jeanie	Available Online	
119 Oak Grove2_v1.jpg	02/19/2025 14:35	Lentz, Jeanie	Available Online	

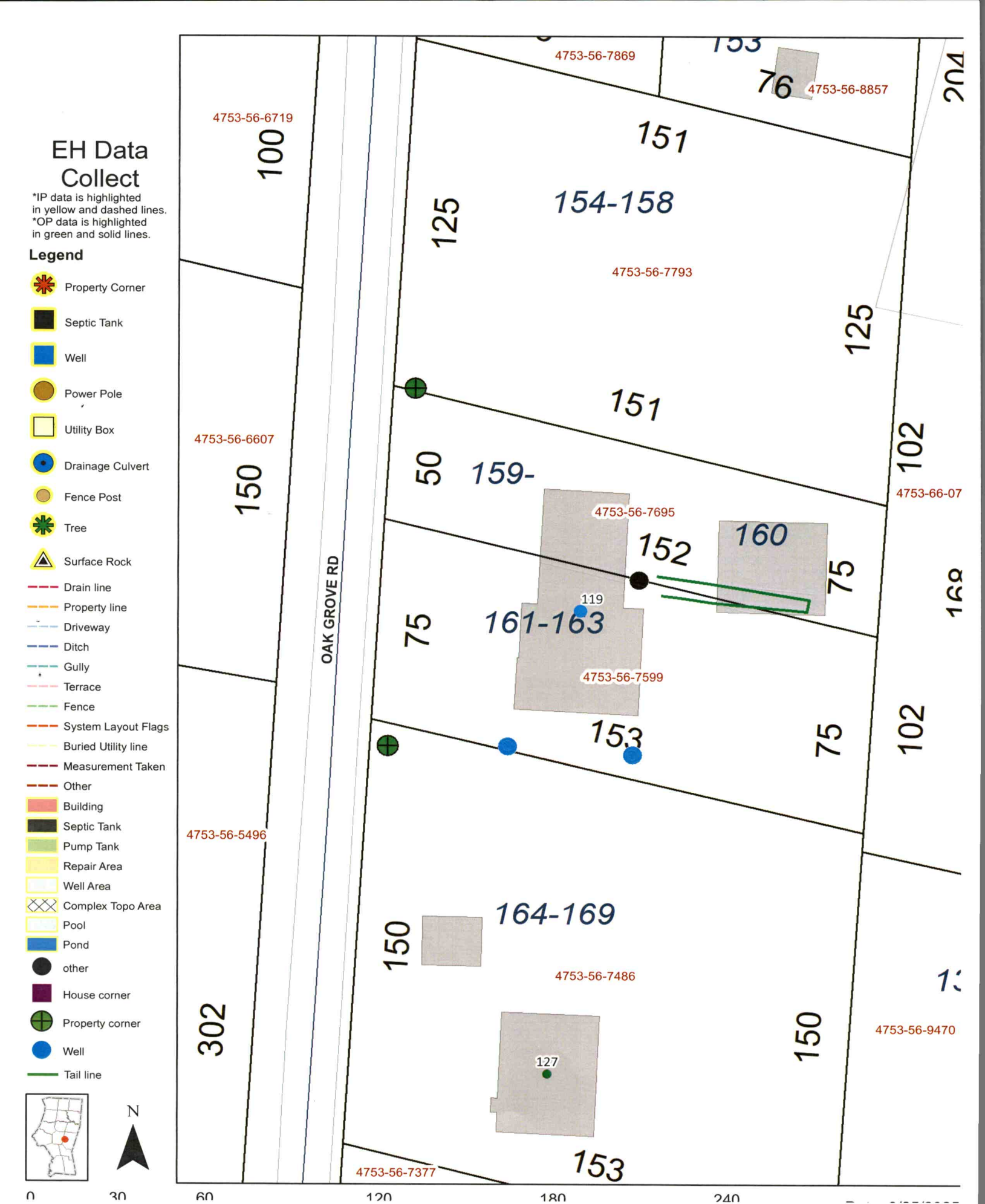
Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		02/19/2025 14:35	02/19/2025 14:36
Confirm application complete v.1	Generic Action		02/19/2025 14:36
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		02/19/2025 14:35
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			02/19/2025 14:35
~~Floodplain Admin Overview v.1~~	Task		02/19/2025 14:35
~~Statesville Zoning Approval v.1~~	Task		02/19/2025 14:35
~~Issue Invoice v.1~~	Generic Action		02/19/2025 14:35
~~Fees Paid v.1~~	Generic Action		02/19/2025 14:35

PERMIT SNAPSHOT REPORT (OSWP-2025-70475)

Fees v.1	
Issue Invoice v.1	Generic Action
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



Address: 119 Oak Grove Rd Stvl
Current HO: Larry McCoy
HO #: 704-872-6674
# of Bed: 3 **# of Occupants:** 2
Foundation Type: Crawlspace Slab B/WP B/WOP
Water supply: Public Well **Other:** _____


EH Data Collect
*IP data is highlighted in yellow and dashed lines.
*OP data is highlighted in green and solid lines.
Legend
Property Corner
Septic Tank
Well
Power Pole
Utility Box
Drainage Culvert
Fence Post
Tree
Surface Rock
Drain line
Property line
Driveway
Ditch
Gully
Terrace
Fence
System Layout Flags
Buried Utility line
Measurement Taken
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
30
60
120
180
240
4753-56-7869
4753-56-8857
4753-56-6719
4753-56-7793
4753-56-6607
4753-56-7695
4753-56-7599
4753-56-5496
4753-56-7486
4753-56-9470
4753-56-7377
4753-66-07
OAK GROVE RD
100
125
150
151
154-158
159-
160
161-163
164-169
152
153
50
75
102
302
119
127

Type: CRP
Recorded: 03/27/2025 at 11:40:18 AM
Fee Amt: $26.00 Page 1 of 2
Revenue Tax: $0.00
Iredell County, NC
Renee L. Holland Register of Deeds
BK 3124 PG 828-829

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

SEPTIC EASEMENT

Prepared By: Joshua Brannon McCoy

THIS SEPTIC EASEMENT made and entered into this 27 day of March, 2025 by and between **LARRY RHYNE MCCOY**, and having an address of 119 Oak Grove Rd., Statesville North Carolina "Grantor", and **LARRY RHYNE MCCOY** having an address of 119 Oak Grove Rd., Statesville North Carolina hereinafter "Grantee."

WHEREAS, the Grantor and Grantee herein is the owner of adjoining tracts of real estate, the property of the Grantor being shown at parcel PIN # 4753567599 to the grantee at parcel PIN # 4753567595, both being recorded in deed book 09E page 1039 of the Iredell County Registry; and

WHEREAS, the Grantee is in need of a septic easement for the placement of underground septic lines and if necessary a septic tank and underground piping for the transmission of septic emissions; and

WHEREAS, Grantor has agreed to provide the same.

NOW, THEREFORE, for and in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, the Grantor does hereby grant, bargain, sell and convey unto the Grantee, its successors and assigns, a perpetual septic easement including ingress, egress, and regress, the placement of all types of underground septic lines, transmission lines, and if necessary a septic tank or tanks together with the right to go upon the property from time to time for the inspection, maintenance and if necessary repair of the same and for the initial installation of said septic lines, piping and tank(s) provided that in the event any excavation of the subject matter property is made the Grantee shall promptly restore the excavated area to its original unexcavated state as soon as reasonably possible, and that the easement remain free of structures, landscaping, or any other activities that would interfere with the use of the area for its intended purposes. For legal description of septic easement area see Exhibit "A" attached hereto and incorporated herein by reference.

TO HAVE AND TO HOLD said right and easement to the Grantee, its successors and assigns in perpetuity.

R.O.T.C.

Page Count: 2
☐NS ☐PQ ☐SI

It is understood and agreed that this right and easement shall be appurtenant to and run with the lands of the Grantor and Grantee herein in perpetuity.

IN WITNESS WHEREOF, the Grantor has signed this Septic Easement this the day and year first above written.

Larry Rhyne McCoy By:

Larry Rhyne McCoy

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County or City of Iredell and State aforesaid, certify that **Larry Rhyne McCoy** personally came before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and Notarial stamp or seal, this 27th day of March, 2025.

Linda McCloud

My Commission Expires: April 5th, 2028 Notary Public

(Affix Seal)

Linda McCloud

Notary's Printed or Typed Name



CW

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT i OSWP 2025-70475

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

PIN # 4753-56-7599

APPLICANT/OWNER: Larry McCoy / Jeanie Lentz | APPLICANT ADDRESS: 463 Lentz Rd Statesville NC 28625

SITE ADDRESS: 119 Oak Grove Rd Statesville NC 28677 | PHONE: 7048726074 | ALT. PHONE 7048832368

SITE DIRECTIONS: Hwy 70 → (R) Oak Grove Rd | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: HH Sigmon | SECTION: — | LOT # 161-163 | LOT AREA: — | DESIGN FLOW: EXT | L.T.A.R.(Initial): EXT | L.T.A.R (Repair): EXT

Septic Tank 1000 (gal) STB ____ Date ____

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines EXT BED Linear Ft EXT

Trench Width — *Max. Trench Depth(Initial) — *Max. Trench Depth(Repair) — Gravel Depth —

* 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: EXISTING

Repair System Description: TANK REPLACEMENT

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): —

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

☒ Residence No. Bedrooms EXT

☐ Business No. Persons EXT

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

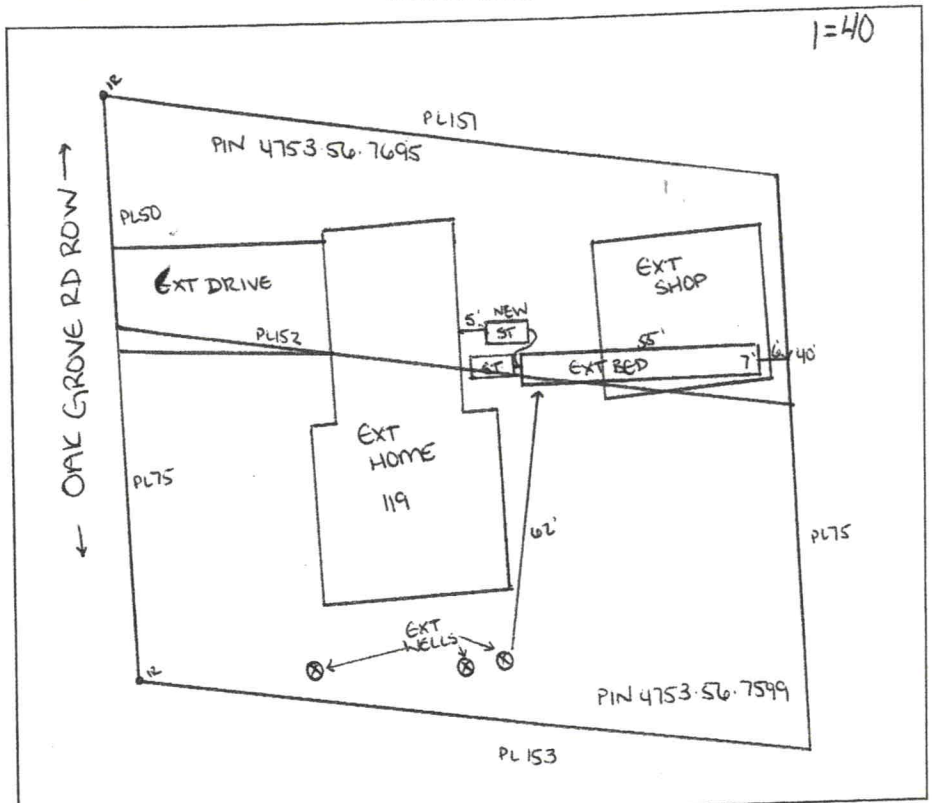
☒ Private

☐ Public

☐ Community

Comments / Conditions: Pump, crush, fill existing tank. Replace any distribution as needed. System appeared functional at time of inspection. Must have deeded + recorded easement or combine lots before AC.

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 Date: —

IMPROVEMENT PERMIT by: Sarah Williams Date: 3/25/25

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____

Installed by: ____

OPERATION PERMIT by: ____ Date: ____

Existing System Inspected by: ____ Date: ____

LHD PERMIT NO. OR FILE REF: OSWP 2025-70475

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): System extends under existing shop

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)

Sarah Williams
Signature of Authorized Agent

3/25/2025
Date

OR

AOWE/PE SIGNATURE (if applicable)

Larry Rhyne McCoy
Signature of AOWE/PE

00002001567
License Number

3/27/2025
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 2025-70475

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: 3/25, **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): Larry McCoy
Business/Organization/Contact: Lentz Wastewater
Mailing Address: 463 Lentz Rd
City: Statesville State: NC Zip Code: 28625 County: Iredell
Telephone Number(s): 980-829-3278
Email Address: office@lentzwastewater.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4753-56-7599
Physical Address (if different than mailing address): 119 Oak Grove Rd
City: Statesville State: NC Zip Code: 28677

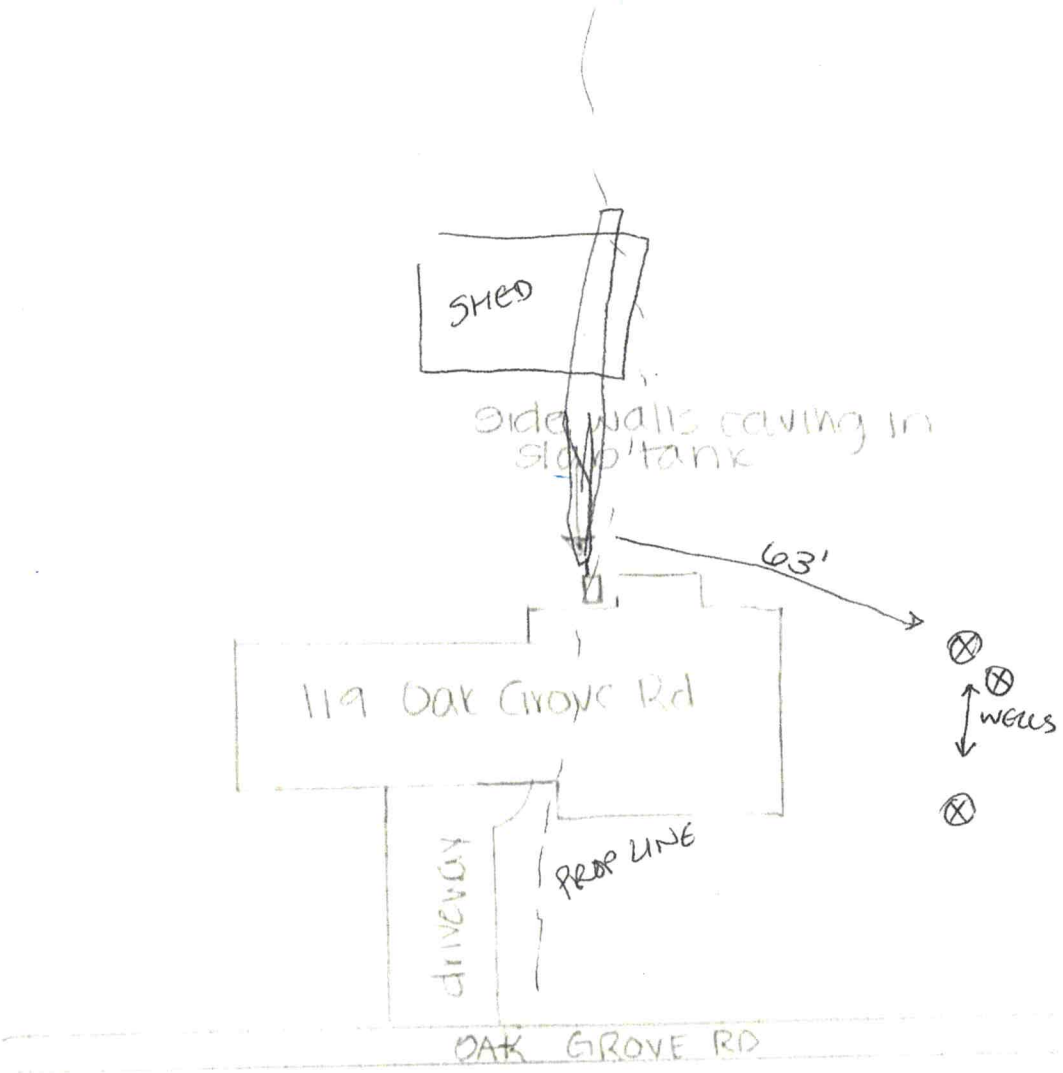
OWNER ATTESTATION

I, X Larry Rhyne McCoy, hereby request the use of best professional judgment in accordance 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 Printed Name

Owner's Signature: Larry Rhyne McCoy Date: March 27, 2025

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



Address: 119 Oak Grove Rd SW1
Current HO: Larry McCoy
HO #: 704-872-6674
# of Bed: 3 **# of Occupants:** 2
Foundation Type: Crawlspace Slab B/WP B/WOP
Water supply: Public Well **Other:** _____