ICHD - ENVIRONMENTAL HEALTH DIVISION

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

SM

PERMIT : OSWP 2025-73955

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

PIN # 4756-67-2039

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

SITE ADDRESS: 105 Baymount Dr. Statesville NC 28625 | PHONE: 9808293278 | ALT. PHONE

SITE DIRECTIONS: I40 E → ② Old Mocksville Rd → ⓛ Jane Sowers → ® Baymount | SAP CONTROLLED: ☐ YES ☐ NO

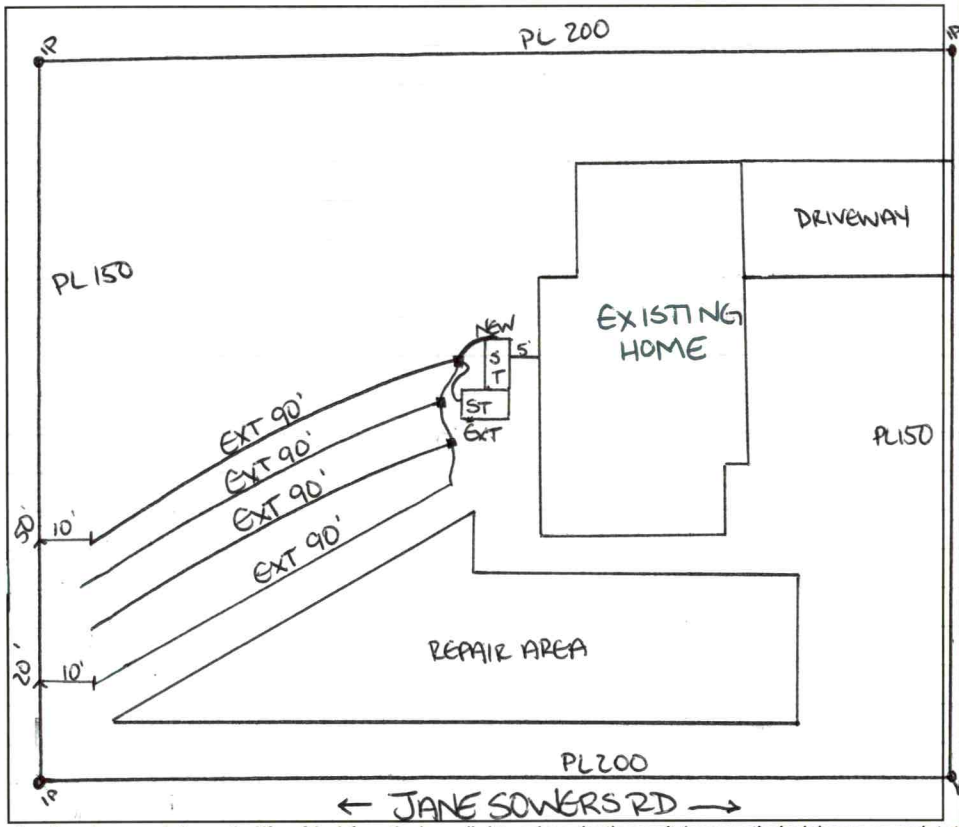
SUBDIVISION: Baymount | SECTION: — | LOT # 31 | LOT AREA: 0.689 | DESIGN FLOW: 360 | L.T.A.R.(Initial): — | L.T.A.R (Repair): —

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:	EXISTING CONV.			☐ Business	No. Persons 6	☐ Private
Pump Make	Model			Serial #		Repair System Description:	TANK REPLACEMENT			☐ Other	No. Employees —	☒ Public
# Nitrification Fields	1	# Lines	4 EXT	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	*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*

Comments / Conditions: Pump, crush, fill existing tank. Replace distribution as needed. System appeared functional at inspection.

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.

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 | Date: — | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Sarah Williams | Date: 4/25/25 | OPERATION PERMIT by: Cory Hill | Date: 5/2/25

AUTHORIZATION TO CONSTRUCT by: Sarah Williams | Date: 4/25/25 | 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-2025-73955 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	04/11/2025
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:**	Williams, Sarah	**Approval Expire Date:**	
Description:	PRIORITY PERMIT -- REPAIR	Cracks in tank, leak tested, leaking at midseam			

Parcel: 4756672030.000 Main	**Address:** 105 Baymount Dr Statesville, NC 28625 Main	**Zone:** R-20(Suburban Residential District)

Applicant/Authorized Agent	Property Owner	Applicant/Authorized Agent
Jeanie Lentz	Kevin Thompson	Jeanie Lentz
Home: (980) 829-3278	Home: (704) 402-0541	463 Lentz Road
		Statesville, NC 28625

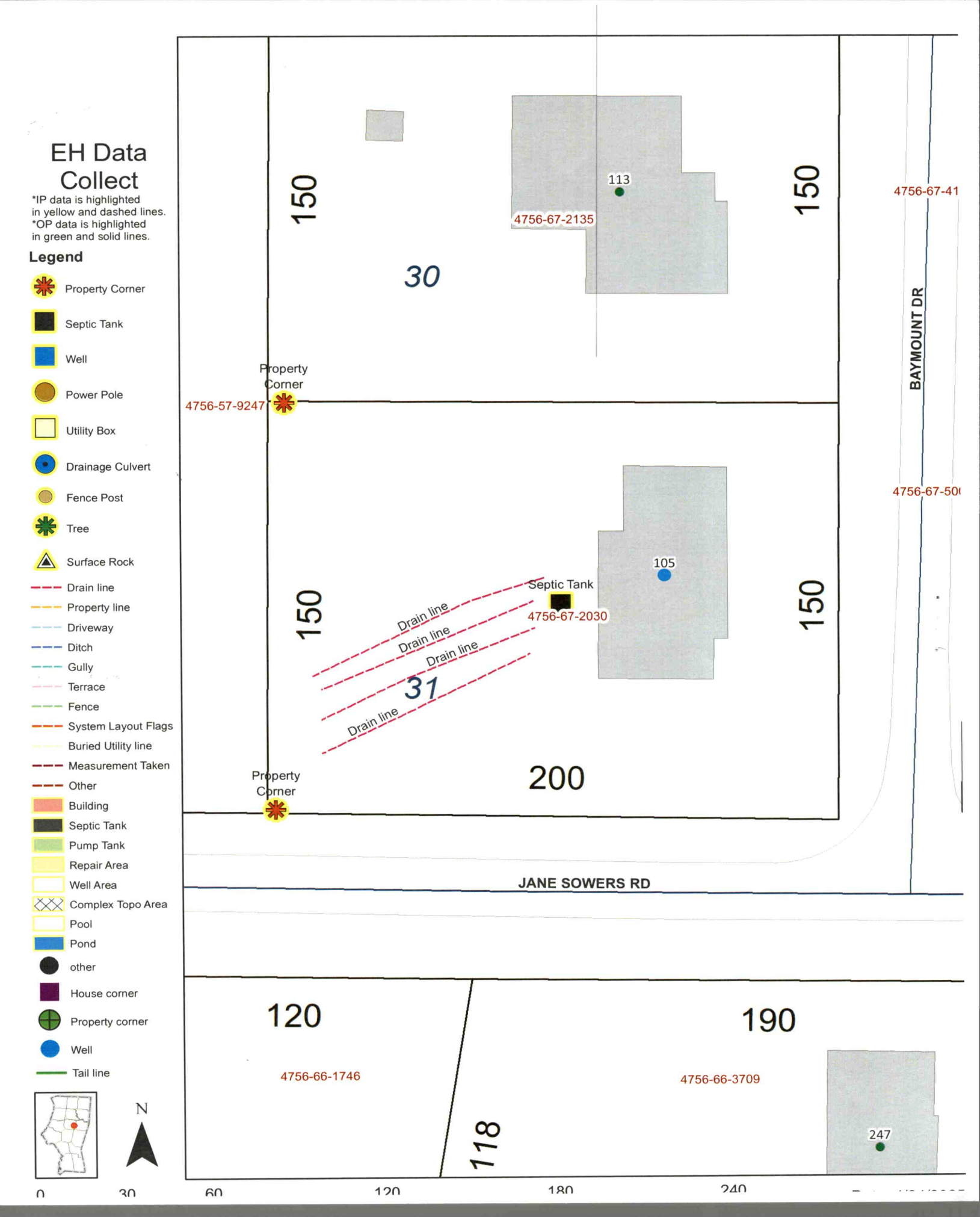
Permit Custom Fields

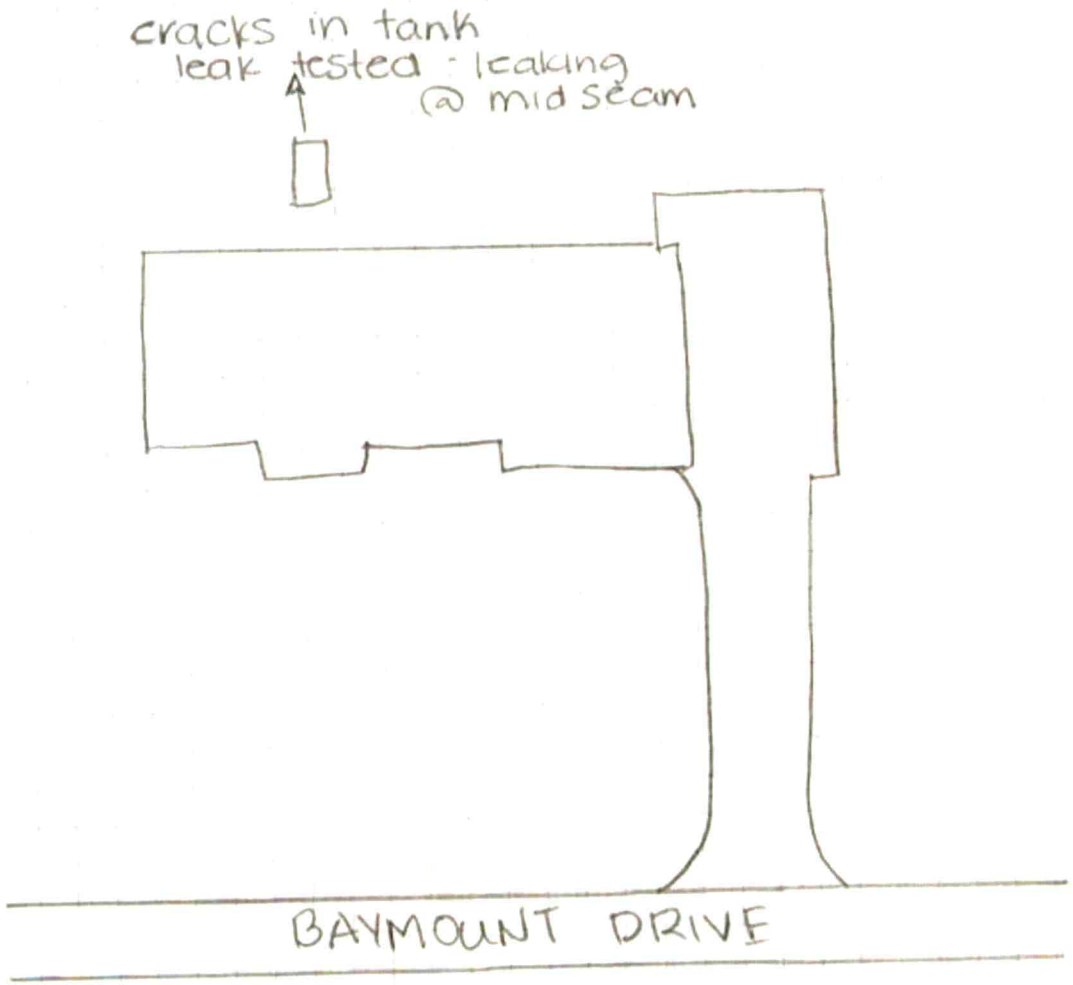
How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	N/A
What are the proposed structures	Other Addition/Structure	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	
Number of Occupants	1	Foundation Type	Crawl Space Foundation	Water Supply	Other Public Water
Desired Septic System Type	No Preference	If other septic system type, please explain		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Jeanie_Lentz_4/11/2025.jpg	04/11/2025 9:52	Lentz, Jeanie		Uploaded via CSS
105 Baymount-site plan_v1.pdf	04/11/2025 9:56	Lentz, Jeanie	Available Online	
Authorization_to_Apply_-_105_Baymoun_v1.pdf	04/11/2025 9:57	Lentz, Jeanie	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/11/2025 9:56	04/11/2025 9:56
Confirm application complete v.1	Generic Action		04/11/2025 9:56
~~**Zoning Review v.1**~~			04/11/2025 9:56
~~Floodplain Admin Overview v.1~~	Task		04/11/2025 9:56
~~Iredell County Zoning Approval v.1~~	Task		04/11/2025 9:56
~~Issue Invoice v.1~~	Generic Action		04/11/2025 9:56
~~Fees Paid v.1~~	Generic Action		04/11/2025 9:56
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		04/11/2025 9:56
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 Completion Process v.1	
Authorization to Construct Permit v.1	Create Sub Permit
Issue Authorization to Construct v.1	Generic Action


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
150
150
30
113
4756-67-2135
4756-67-41
BAYMOUNT DR
Property Corner
4756-57-9247
4756-67-50
105
Septic Tank
4756-67-2030
150
150
Drain line
Drain line
Drain line
Drain line
31
Property Corner
200
JANE SOWERS RD
120
4756-66-1746
118
190
4756-66-3709
247



Address: 105 Baymount Dr SW
Current HO: Kevin Thompson
HO #: 704-402-0541
# of Bed: 3 **# of Occupants:** 1
Foundation Type: Crawlspace Slab B/WP B/WOP
Water supply: Public Well **Other:** _____

000487

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

l.i.c 50996

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 8210 DATE 4-7-94 TAX MAP NO. 106-7-A-2A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Doris Crouch PHONE: Business _____ Home 910-292-4340

ADDRESS 420 Whippoorwill Greensboro N.C.

LOCATION 21 N TR Jane Sowers 1ST Ent. To Baymount 1st lot on left

SUBDIVISION Baymount BLOCK / SECTION _____ LOT 31 LOT AREA .689 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .135

Septic Tank: 1000 Gallons; STB 1012 Date 6/12/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☑ II, III, IV, V, VI

System Description: Con Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

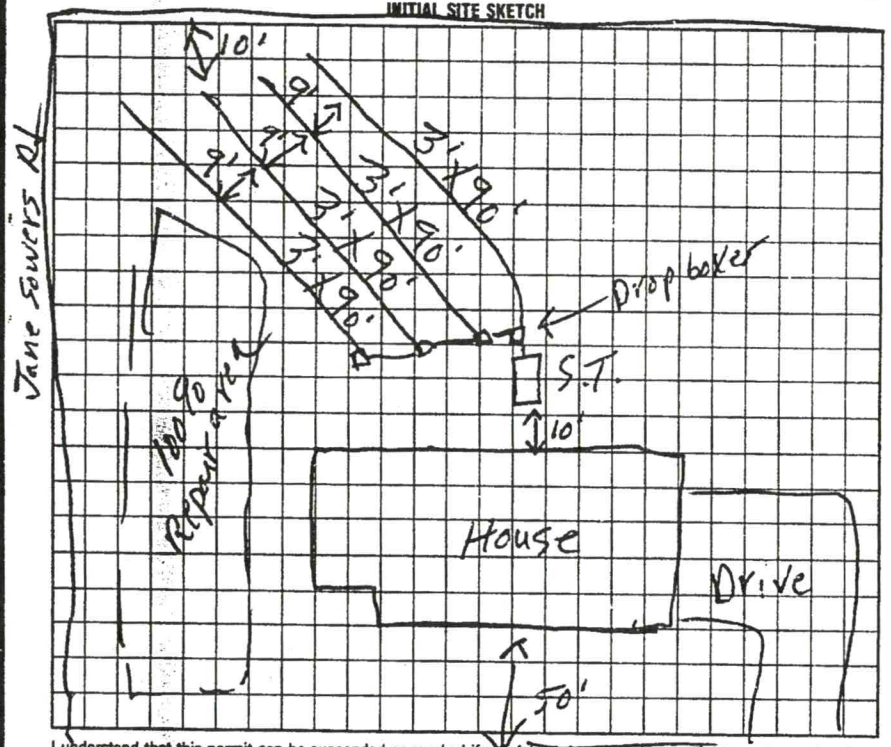
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X Ray B Warren

Improvement Permit by: R. C. Moore date 4-11-94

Existing System Inspection by: _____ date _____

Installed by: Tommy Frye

Certificate of Completion by: Steve Hedrick date 12/9/94

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD