ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 2023-22201

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

PIN # 4765 -- 14 -- 2313

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

SITE ADDRESS: 464 Mocksville Hwy, Statesville 28625 PHONE: 980-329-3278 ALT. PHONE –

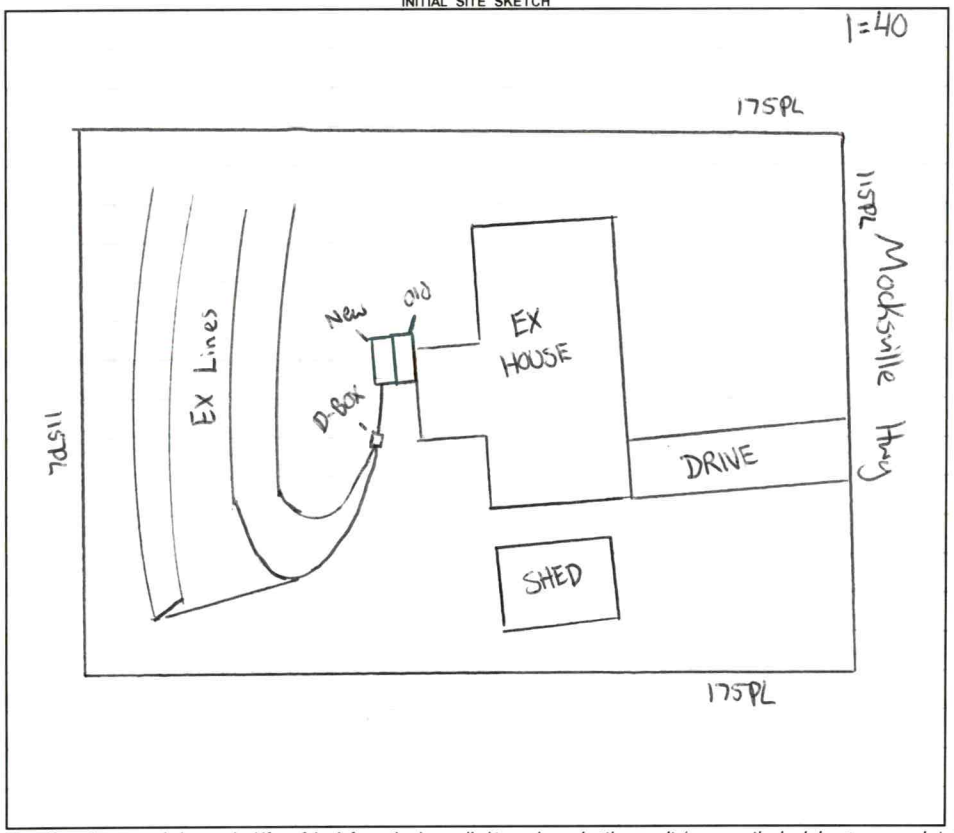
SITE DIRECTIONS: I40 E - Old Mocksville - 64 E SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Camelot Acres SECTION: – LOT # 72 LOT AREA: 0.46 acres DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank	1000	(gal)	STB	1060	Date	–	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	EX	**Water Supply**
Pump Tank		(gal)	PT		Date		System Description:	Tank Replacement			☐ Business	No. Persons	EX	☐ Private
Pump Make		Model			Serial #		Repair System Description:				☐ Other	No. Employees		☒ Public
# Nitrification Fields	EX	# Lines	EX		Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	EX	Trench Bottom Depth(Low side)	EX		Gravel Depth	EX	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing	

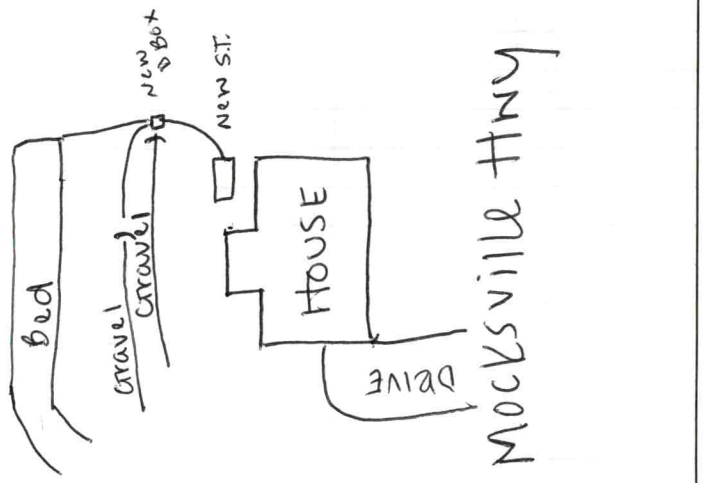
Comments / Conditions: Keep tank as shallow as possible to ensure fall to lines. Replace distribution if necessary.

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: Cary Whitt Date: 4/27/23 OPERATION PERMIT by: Sydney Holland Date: 5/12/23

AUTHORIZATION TO CONSTRUCT by: Cary Whitt Date: 4/27/23 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? _____	

PERMIT SNAPSHOT REPORT OSWP-2023-22201 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	04/14/2023
Work Class:	EH Septic Improvement Permit Repair	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Whicker, Cory	**Approval Expire Date:**	

Description: Unable to achieve fall to top 2 drain lines (Cory was onsite while portions of septic system was uncovered) Disconnected bed per Cory's instructions.

Parcel: 4765142313.000 Main	**Address:** 464 Mocksville Hwy Statesville, NC 28625 Main	**Zone:** R-20(Suburban Residential District)

Property Owner	Applicant/Authorized Agent	Applicant/Authorized Agent
Scott Rubzin	Jeanie Lentz	Jeanie Lentz
Home: (561) 245-1562	Home: (980) 829-3278	463 Lentz Road
		Statesville, NC 28625

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	What are the proposed structures	Other Addition/Structure	Maximum Number of Bedrooms	3
Number of Occupants	6	Foundation Type	Crawl Space Foundation	Water Supply	City Water
Desired Septic System Type	No Preference	If other septic system type, please explain		If existing, Year existing system installed	1982
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Jeanie_Lentz_4/14/2023.jpg	04/14/2023 15:27	Lentz, Jeanie		Uploaded via CSS
464 Mocksville Hwy Site Plan _v1.pdf	04/17/2023 8:15	Nebel, Barbara	Available Online	Site Plan
464_Mocksville_Hwy-_Authorize_Legal_Representative-scott_scottbuyshousesllc.com_v1.pdf	04/17/2023 8:15	Nebel, Barbara	Available Online	Authorize to Act as Agent

Invoice No.	Fee	Fee Amount	Amount Paid
NOT INVOICED	Existing System Septic Repair Permit	$150.00	$0.00
	Total for Invoice NOT INVOICED	$150.00	$0.00
	Grand Total for Permit	**$150.00**	**$0.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/17/2023 8:15	04/17/2023 8:20
Confirm application complete v.1	Generic Action		04/17/2023 8:20
~~Zoning Review v.1~~			04/17/2023 8:20
~~Floodplain Admin Overview v.1~~	Task		04/17/2023 8:20
~~Iredell County Zoning Approval v.1~~	Task		04/17/2023 8:20
~~Issue Invoice v.1~~	Generic Action		04/17/2023 8:20
~~Fees Paid v.1~~	Generic Action		04/17/2023 8:20
Assign v.1			
Case Assigned v.1	Generic Action		
Lot Readiness Verification v.1			
OSWP Septic Preliminary Site Visit v.1	Inspection		
OSWP Site Evaluation v.1	Inspection		

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. _____ DATE 6-7-93 TAX MAP NO. _____

OWNER OR CONTRACTOR Evelyn G. Harris PHONE: Business _____ Home _____

ADDRESS 3215 Mocksville Hwy

LOCATION US 64E on Rt past Greenbrair Rd 1/2 mi

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: _____ Gallons; STB _____ Date Existing

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 2 Square Feet 600 Linear Feet 200

No Lines 3 Trench Width 72" Trench Depth 5' Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms _____ No. Bathrooms _____ No. Employees _____

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

Garbage Disposal: ☐ Yes ☐ No

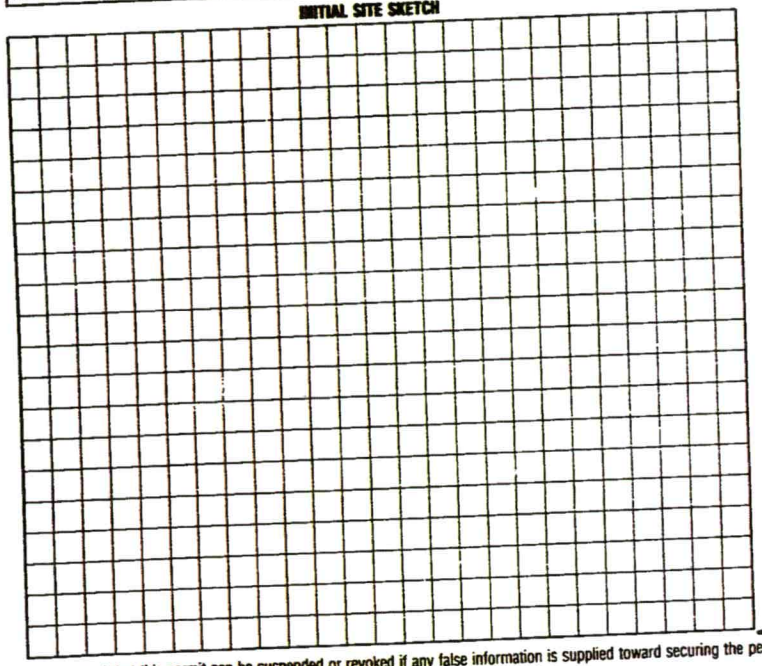
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

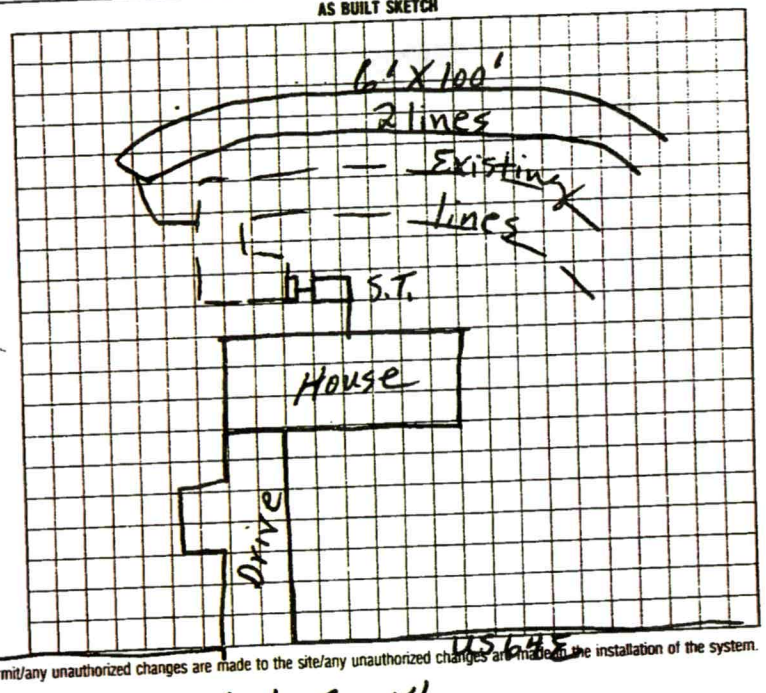
Other _____

Comments _____

INITIAL SITE SKETCH



AS BUILT 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: _____ Installed by: A-1 Backhoe

Improvement Permit by: _____ date _____ Certificate of Completion by: J.C. Moore date 6-7-93

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

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