ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BCW

PERMIT : OSWP 2025-74175

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

PIN # 4884-30-9600

APPLICANT/OWNER: Jeanie Lentz | APPLICANT ADDRESS: 403 Lentz Rd Statesville NC 28625

SITE ADDRESS: 249 Anthony Rd Harmony NC 28634 | PHONE: 980 829 3278 | ALT. PHONE 7044562604

SITE DIRECTIONS: Hwy 21 N → (R) Anthony Rd | SAP CONTROLLED: ☐ YES ☐ NO

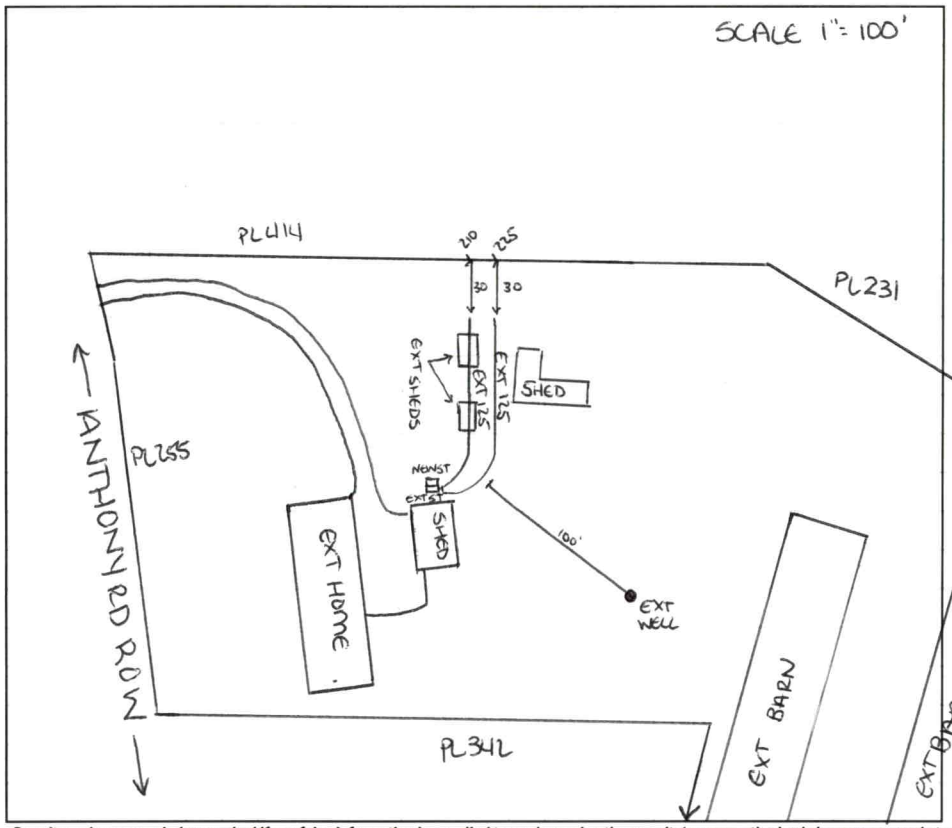
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 4.06 | DESIGN FLOW: 360 | L.T.A.R.(Initial): — | L.T.A.R (Repair): —

Septic Tank 1000 (gal)	STB 700	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		☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description: TANK REPLACEMENT		☐ Other	No. Employees —	☐ Public
# Nitrification Fields 1	# Lines 2	Linear Ft 250	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
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*

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

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

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: 4/17/2025 | OPERATION PERMIT by: Cory Hill | Date: 5/2/25

AUTHORIZATION TO CONSTRUCT by: Sarah Williams | Date: 4/17/2025 | 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? _____	

PERMIT SNAPSHOT REPORT OSWP-2025-74175
FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	04/15/2025
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:	septic tank collapsed				

Parcel: 4884309606.000 Main	**Address:** 249 Anthony Rd Harmony, NC 28634 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent Jeanie Lentz Home: (980) 829-3278	Applicant/Authorized Agent Jeanie Lentz 463 Lentz Road Statesville, NC 28625	Property Owner Diane Krell Home: (704) 546-2664

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	6	Foundation Type	Basement without Plumbing	Water Supply	Existing Well
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_4/15/2025.jpg	04/15/2025 12:33	Lentz, Jeanie		Uploaded via CSS
249 Anthony Rd -site plan_v1.pdf	04/15/2025 13:45	Lentz, Jeanie	Available Online	
Authorization_to_Apply-_249_Anthony__v1.pdf	04/15/2025 13:45	Lentz, Jeanie	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/15/2025 13:45	04/15/2025 13:46
Confirm application complete v.1	Generic Action		04/15/2025 13:46
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		04/15/2025 13:46
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			04/15/2025 13:45
~~Floodplain Admin Overview v.1~~	Task		04/15/2025 13:45
~~Iredell County Zoning Approval v.1~~	Task		04/15/2025 13:45
~~Issue Invoice v.1~~	Generic Action		04/15/2025 13:45
~~Fees Paid v.1~~	Generic Action		04/15/2025 13:45
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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mike Anthony DATE Nov 2-78 PERMIT NO. _____

PHONE Business _____ Home _____

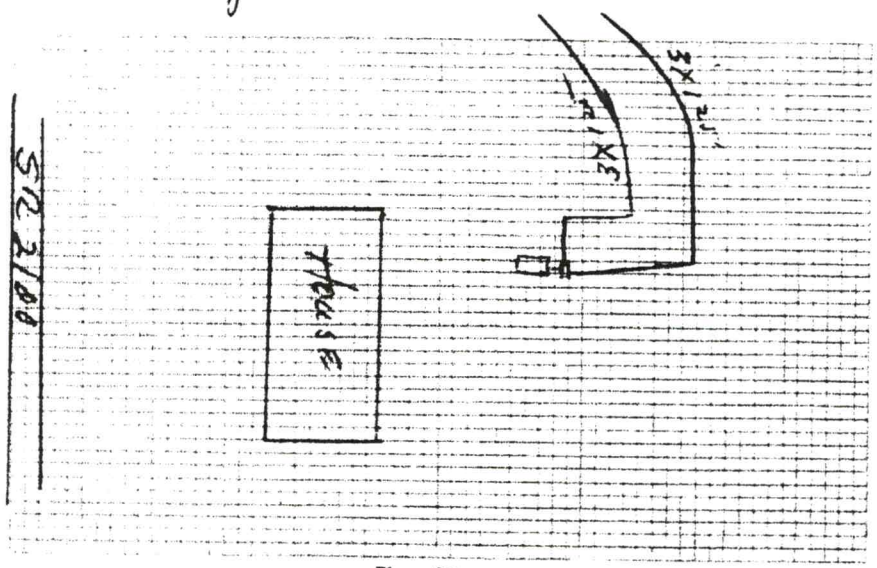
LOCATION 21 N. East Statesville - T R on SR 2108 turn Madkin County Farm - 3/4 mile on left. S. R. No. 2108

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy Clay Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6 - 10% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	48"
Lot Area	Acreage		Rock or other impervious formations	None noted



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )
From Fathom Well

Installed by J. C. Cain

IMPROVEMENTS PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steven Todd DATE 11/2/78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



Tax Map Information

• PIN	4884309606.000
• Address	249 ANTHONY RD
• Account #	Acct 80071245
• Tax Owner	KRELL DIANE J
• Mailing Address	249 ANTHONY RD
•	HARMONY, NC 28634
• GIS Owner	KRELL DIANE J
• Deed Info	1857 / 1071 - DD - 20200407
• Tax Acres	4.06 AC
• Lot #	
• Description	ANTHONY SR2100
• Zoning	RA
• Old Parcel #	0617P00000A050
• Bldg Value	$184,560
• OBXF Value	$73,610
• Land Value	$47,200
• Total Value	$305,370
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

IREDELL COUNTY, NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 03/31/2025
Data updated 03/14/2025

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

LHD PERMIT NO. OR FILE REF: OSWP2025-74175

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: 4/17, **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): Diane Krell

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:

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4884-30-9606

Physical Address (if different than mailing address): 249 Anthony Rd

City: Harmony State: NC Zip Code: 28634

OWNER ATTESTATION

I, X Diane Krell, 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: _____ 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: OSWP2025-74175

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): _____

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

4/17/2025
Date

OR

AOWE/PE SIGNATURE (if applicable)

Signature of AOWE/PE | **License Number** | **Date**

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Signature of Authorized Agent

4/17/2025
Date

OR

AOWE/PE SIGNATURE (if applicable)

Signature of AOWE/PE

License Number

Date

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Owner's Printed Name

Owner's Signature: Diane Krell (Apr 17, 2025 15:25 EDT) Date: 17/04/25

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

Septic Tank Replacement

Final Audit Report 2025-04-17

Created:	2025-04-17
By:	Jeanie Lentz (office@lentzwastewater.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAADsI6jetTivP6M_FjhlV0Ak2aeLK1Tqup

"Septic Tank Replacement" History

Document created by Jeanie Lentz (office@lentzwastewater.com)
2025-04-17 - 5:09:52 PM GMT

Document emailed to Diane Krell (wfulltime@aol.com) for signature
2025-04-17 - 5:09:57 PM GMT

Email viewed by Diane Krell (wfulltime@aol.com)
2025-04-17 - 5:40:12 PM GMT

Document e-signed by Diane Krell (wfulltime@aol.com)
Signature Date: 2025-04-17 - 7:25:55 PM GMT - Time Source: server

Agreement completed.
2025-04-17 - 7:25:55 PM GMT

Adobe Acrobat Sign