Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	15390
WASPS App #:	10882
Primary ES assigned to project:	
Secondary ES assigned to project:	
Project Type:	Repair
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	N/A
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	N/A
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	N/A
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	N/A
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	N/A
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	N/A
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	N/A
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	N/A
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	N/A
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	N/A
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	N/A
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	N/A
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	N/A
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	N/A
Information Permit/Construction Authorization: .1945(b) - Repair area shown	N/A
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	N/A
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	N/A
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	N/A
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	N/A
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	N/A
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	N/A
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	N/A

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	TANK ONLY PERMIT
IA issued date:	
OP Issued date:	12/6/2019
Review performed by:	HEATHER RAY
Date performed:	12/13/2019

Created at 12/13/2019 12:26 PM by Ray, Heather A
Last modified at 12/13/2019 12:26 PM by Ray, Heather A

Close

Supervisor/Administrative Professional Checklist

Repair

New Septic ☐ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

Septic Tank Replacement ONLY

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☒ 12/9/19 Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

15390 26 NOV '19 PM 12:36

1082

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 017-142-24
STREET ADDRESS: 15016 Ranson Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: n/a
LOT #: 6 LOT SIZE (acres): 2.38
TOWNSHIP:
◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER
HEATED SQUARE FOOTAGE: 3063
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 0
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	◉ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	◉ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	◉ YES ○ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1981 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 12/11/19 ☐ N/A

12. PROPERTY OWNER:
NAME: Margaret Pemmaraju
ADDRESS: 16115 Chiltern Ln.
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704-248-0789
MOBILE PHONE: 201-951-6514
FAX: _____
E-MAIL: margomcharris@hotmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

MMP (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

[signature] 11-26-19

Property Owner's or Owner's Legal Representative Signature — Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

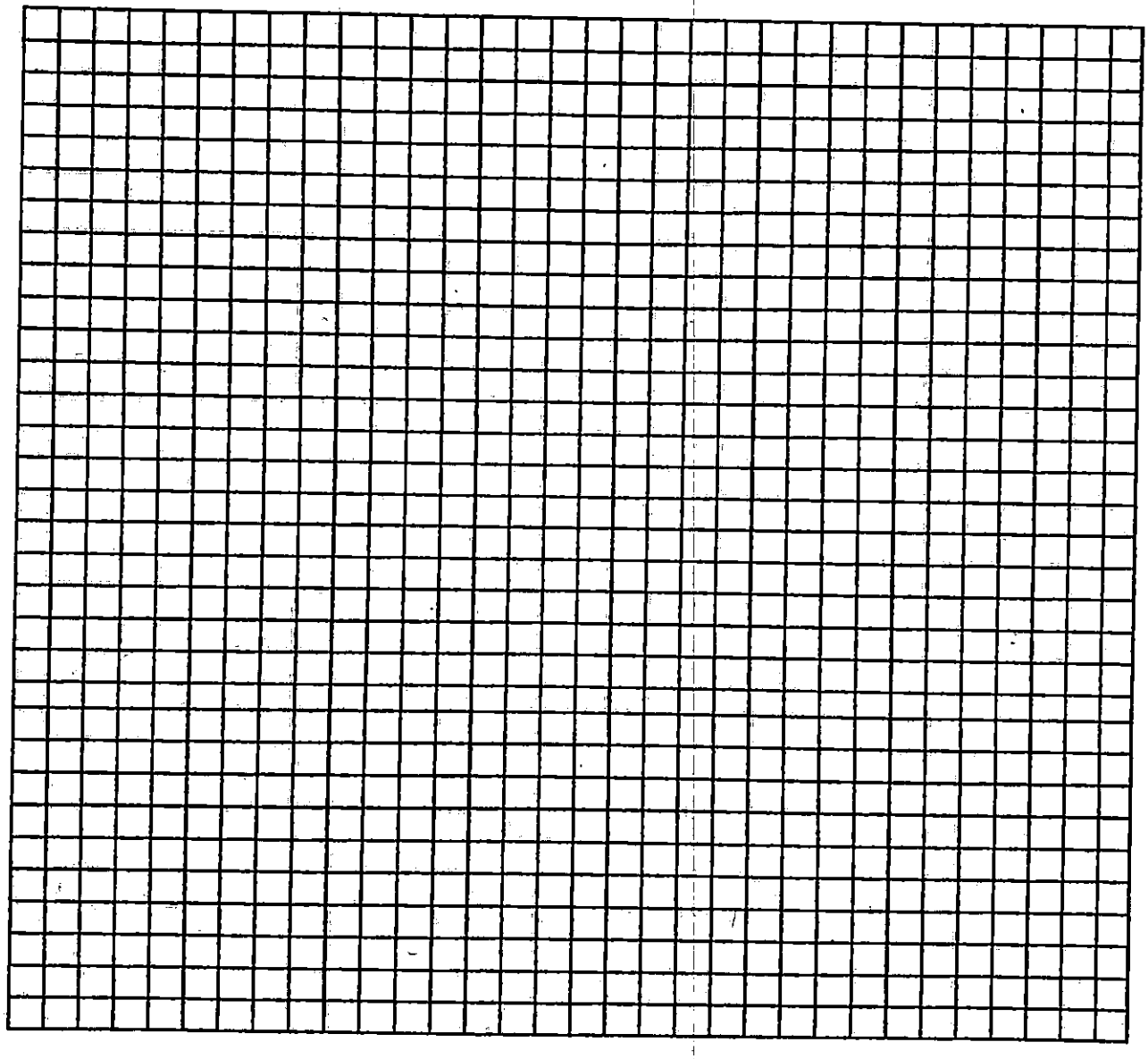
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature Date

Date Received 7/11/80

MECK COUNTY DEPARTMENT OF HEALTH
RECEIVED
JUL 17 1980
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 15390

T.C No. 017-142-06

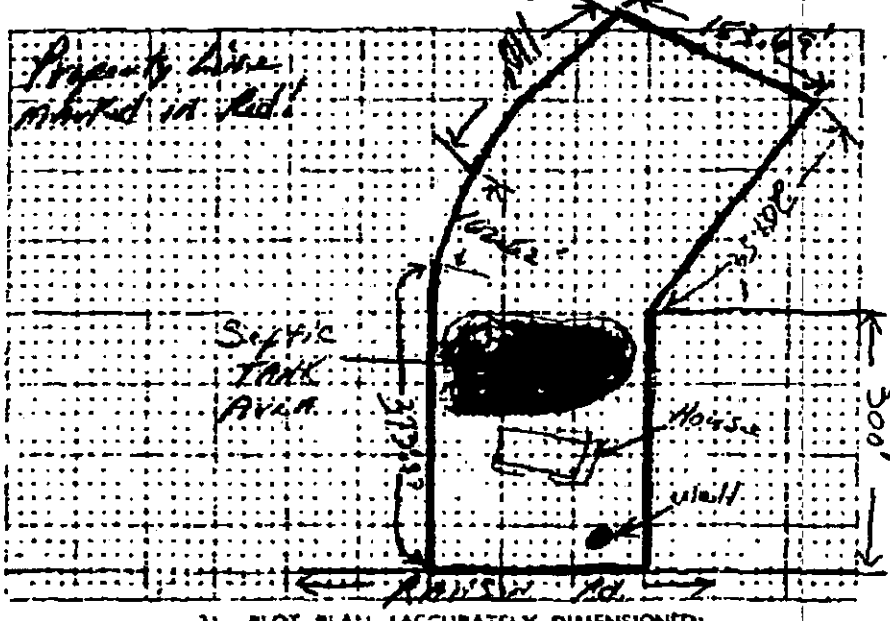
Map Date 1/3/79

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No
No. of Bedrooms 3
5) Business Use Max No. Employees N/A
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A Individual Well ✓
B Governmental System ___
C Community System
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Puckett (LAST) William (FIRST) Leonard (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 141 Huntersville, N.C. 28078

15) PHONE NO. Home (704) 875-2514 Office 375-7761

16) LOCATION OF SYSTEM Ranson Road (STREET OR COUNTY ROAD)

17) SUBDIVISION (Not Listed) Lot No. #6 Block No. 142

Map Book No. 17 Page No. 14

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 4/24/79 PS

20) PTR NUMBER (See Instructions) 15390

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

7/15/80
DATE OF APPLICATION

William L. Puckett
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

/

Date Issued 8/26/81

Serial No. 4988

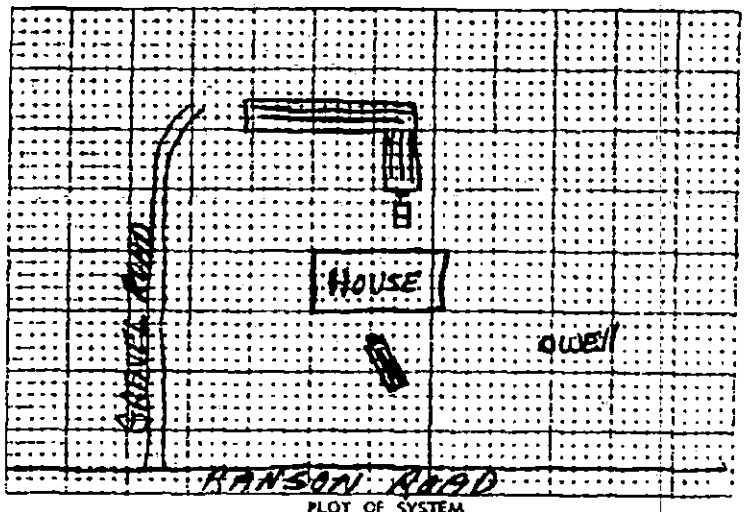
ICAR(S) Permit No. 15390

T. C. No 010-142-06

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 15390 dated 7/15/80 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 9/30/81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P5

Liquid Capacity of Tank 1500gal

Tank Construction precast

Absorption and/or Nitrification Lines.

Total Line Length 495'+125'

Number of Lines 5+4

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER William L. Puckett

LOCATION OF PROPERTY 15016 RANSON ROAD

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

15"x99'x10" Q Stone for Septic Tank; 12'x32'x10" Q Stone for w/M

Comments:

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

MECKLENBURG COUNTY, North Carolina

POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY

Date Printed: 12/02/2019

Identity	
Parcel ID	GIS ID
01714224	01714224

Property Characteristics	
Legal desc	N/A
Land Area	2.38 AC
Fire District	HUNTERSVILLE
Special District	FIRE SERVICE D
Account Type	INDIVIDUAL
Municipality	HUNTERSVILLE
Property Use	SINGLE FAMILY RESIDENTIAL - ACREAGE

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	No

FEMA and Community Floodplain	
FEMA Panel#	3710464100J
FEMA Panel Date	03/02/2009
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
15016 RANSON RD HUNTERSVILLE

Ownership	
Owner Name	Mailing Address
MARGARET V PEMMARAJU	16115 CHILTERN LN HUNTERSVILLE NC 28078

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
33494-148	05/09/2019	$253,000.00
33254-763	01/30/2019	
32987-586	09/20/2018	$229,000.00
06783-655	02/27/1992	

Site Location	
ETJ Area	
Charlotte Historic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	62.12

Post Construction District	
Jurisdiction	Huntersville
District	Huntersville

Stream Watershed Districts	
Stream Watershed Name	McDOWELL

Regulated Drinking Watershed Districts	
Watershed Name	MTN ISLAND LAKE
Watershed Class	PA-2

Built-Upon Area Restriction	
Limit on amount of Built-Upon Area	Yes

This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 15390 Permit #: 10882 Tax Parcel #: 017-142-24

Property Owner: Margaret Pemmaraju

Job Location Address: 15016 Ranson Road

City: Huntersville State: NC Zip Code: 28078

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date:** 12/2/19

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 360 GPD Site LTAR: _____ GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: _____ gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

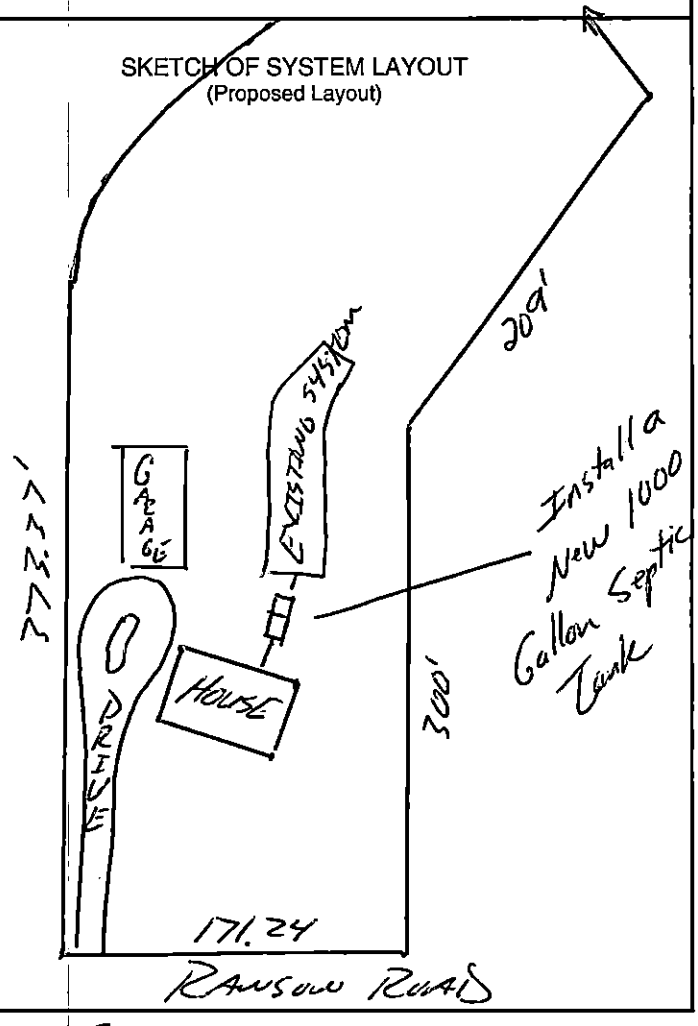
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Ha Conventional System

Install a new 1000 gallon Septic Tank / Tie into existing system

Authorized Agent: Jeremy Michalove, REHS Signature: Jeremy Michalove, REHS

Owner Signature: Margaret Pemmaraju Date: 12-2-19

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211, Charlotte, NC 28202
Phone: (980) 314-1680 • Fax (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 15390 Permit #: 10882 Tax Parcel #: 017-142-24

Property Owner: Margaret Rammacciu

Job Location Address: 15016 Ransen Road

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 12/6/19 **Contractor Name:** Carey Hewkle

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: — gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Infiltrator Plastic Tank Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation (For Repair Installations ONLY) ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 6' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

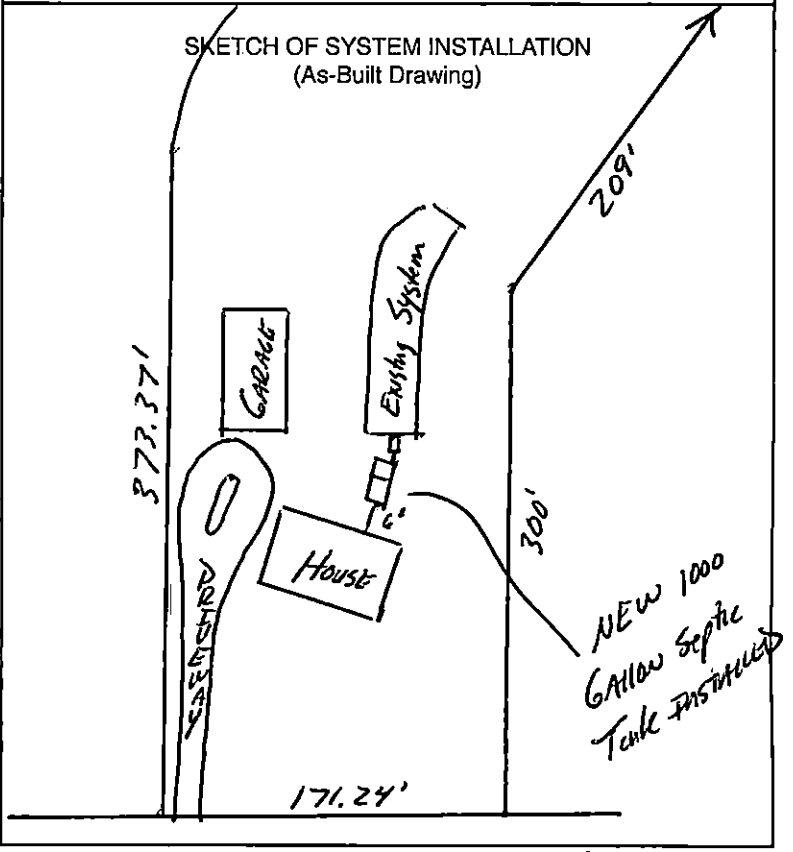
Inspection Dates

Tank(s) Inspected: 12/6/19

Excavation Inspected: —

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☒ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operated properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments" This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: Ita Conventional System, G, GTB, NA, NA

NEW TANK INSTALLED ONLY

DENR Authorized Agent: Jeremy Mechels REHS Signature: Jeremy Mechels REHS

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 15390 Permit #: 10882 Tax Parcel #: 017-142-24

Property Owner: Margaret Pennaroza

Job Location Address: 15016 Ranson Road

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: New 1000 gallon Septic Tank Installed

DENR Authorized Agent: Jeremy Mecklenburg REHS Date: 12/6/19

Signature: Jeremy Mecklenburg REHS