1136 2B
#13030

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A COMMERCIAL 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: 21509401
STREET ADDRESS: 2300 Stevens Mill Rd
CITY: Matthews
STATE: NC ZIP: 28105
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
☒ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
DESCRIBE TYPE OF BUSINESS: multi tenant building
○ COMMERCIAL ☒ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 12,000 sqft
NUMBER OF EMPLOYEES PER SHIFT: 10
NUMBER OF SHIFTS: 1 NUMBER OF SEATS: 10
TYPE OF WASTEWATER GENERATED:
☒ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER _____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☒ N/A

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?** _____ ☒ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 3/26/21 ☐ N/A

12. **PROPERTY OWNER:**
NAME: Silver Main LLC
ADDRESS: 1805 Sardis Rd N Ste 120
CITY: Charlotte
STATE: NC ZIP: 28270
WORK PHONE: 704-364-8881
MOBILE PHONE: _____
FAX: _____
E-MAIL: diane@silverinvestmentslimited.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 03/27/19

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.

MS (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.

_____ 4/4/22

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

Revised on: 03/27/19

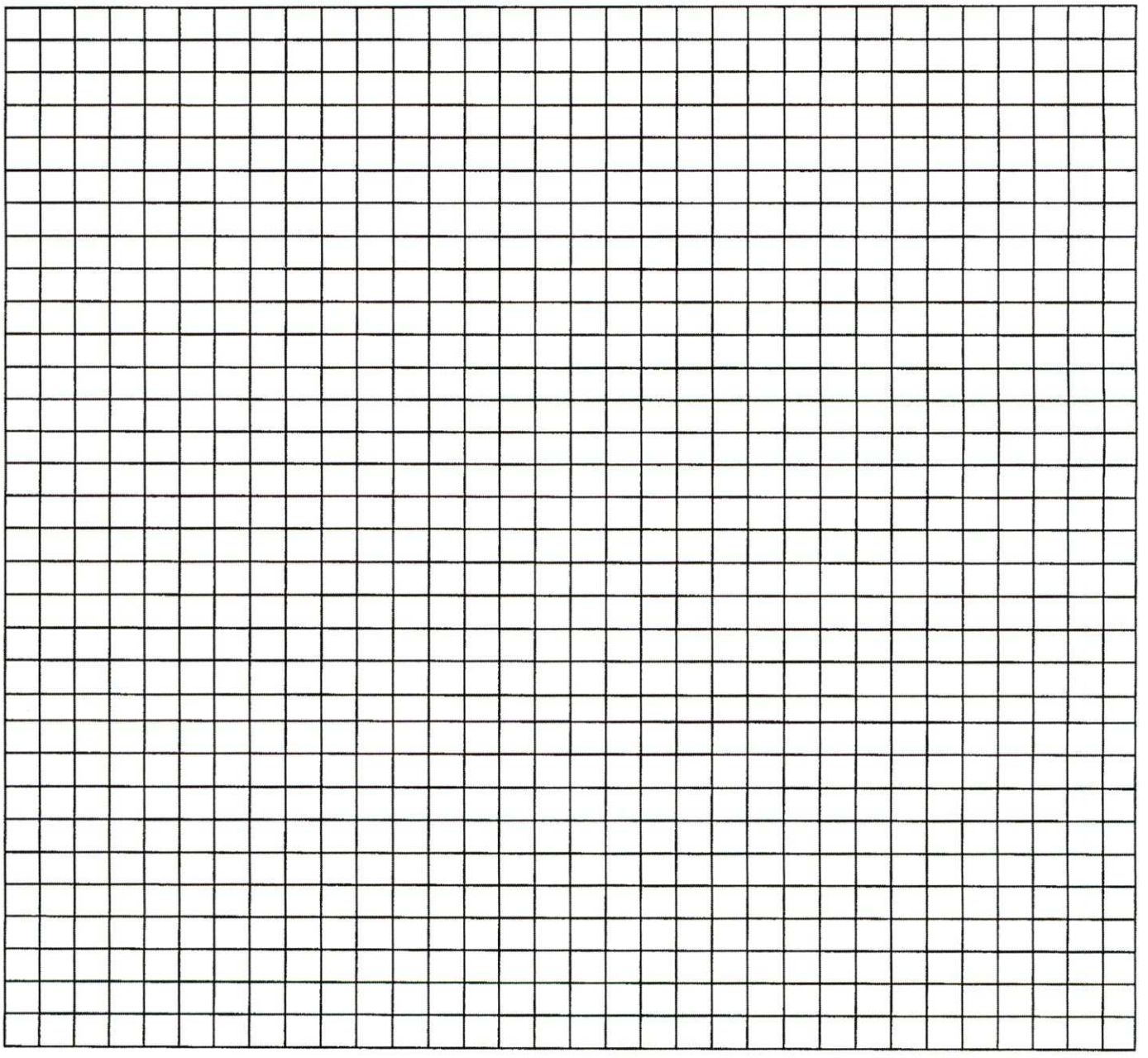
File #: _____

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.

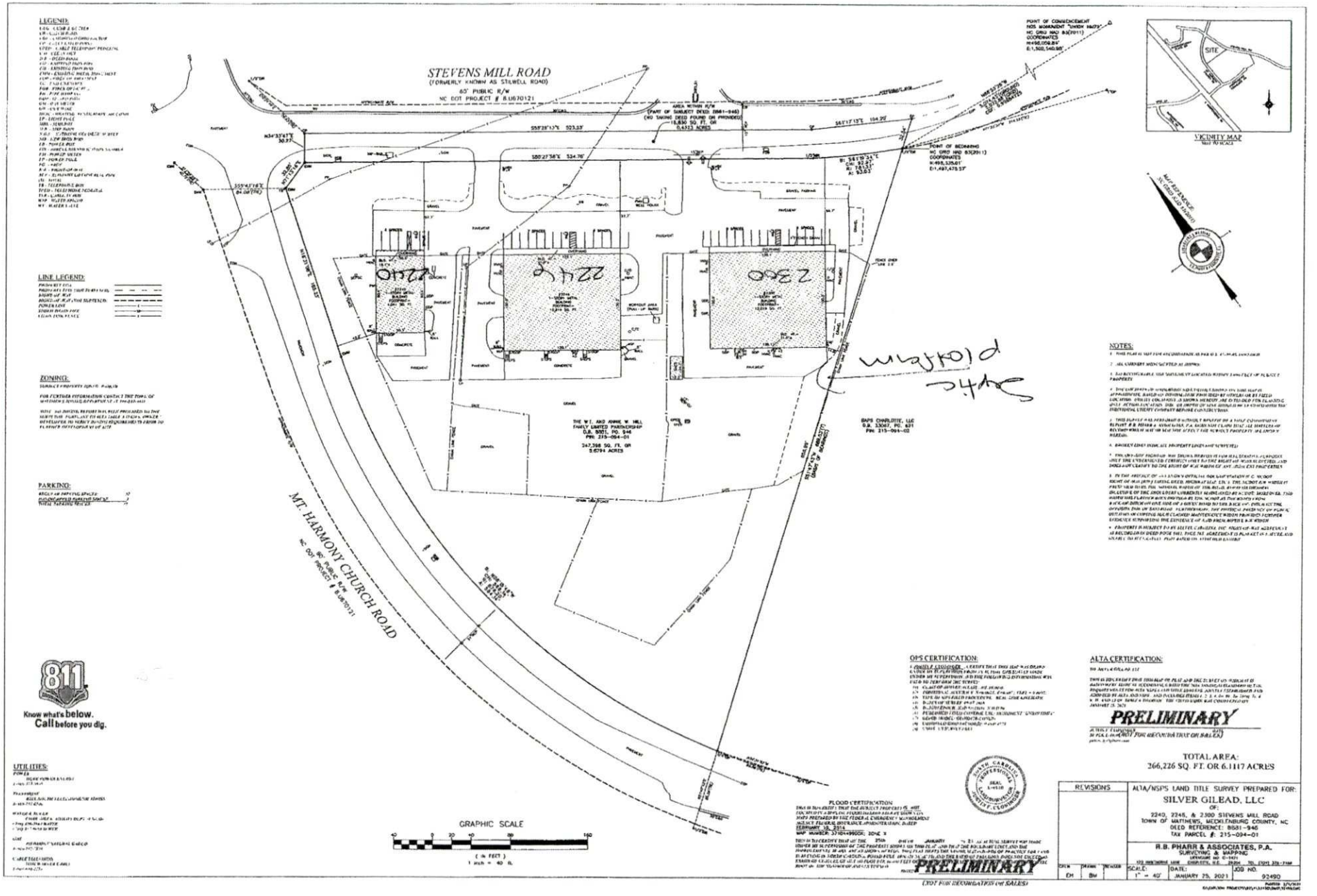
Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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



LEGEND:

LINE LEGEND:

ZONING:

PARKING:

UTILITIES:

Know what's below. Call before you dig.

NOTES:

OPS CERTIFICATION:

ALTA CERTIFICATION:

PRELIMINARY

TOTAL AREA:
266,226 SQ. FT. OR 6.1117 ACRES

FLOOD CERTIFICATION:

PRELIMINARY
NOT FOR RECORDATION OR SALE(S)

REVISIONS	ALTA/NSPS LAND TITLE SURVEY PREPARED FOR:
	SILVER GILEAD, LLC
	OF:
	2240, 2246, & 2300 STEVENS MILL ROAD
	TOWN OF MATTHEWS, MECKLENBURG COUNTY, NC
	DEED REFERENCE: 9501-946
	TAX PARCEL #: 215-094-01

R.B. PHARR & ASSOCIATES, P.A.
SURVEYING & MAPPING
LICENSURE NO. C-1421
102 WOODLAWN LANE SUMMERVILLE, S.C. 29486 TEL. (843) 376-7166

DRAWN	REVISED	SCALE:	DATE:	JOB NO.
EH	BM	1" = 40'	JANUARY 25, 2021	92490

File 11362B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A COMMERCIAL 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

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3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 21509401
STREET ADDRESS: 2300 Stevens Mill Rd
CITY: Matthews
STATE: NC ZIP: 28105
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
◉ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS: multitenant industrial building

○ COMMERCIAL ◉ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 12
NUMBER OF EMPLOYEES PER SHIFT: 6
NUMBER OF SHIFTS: 1 NUMBER OF SEATS: ____
TYPE OF WASTEWATER GENERATED:
◉ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER ____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☐ N/A

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:** 1 ____ ____ ____ ____

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
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WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 3/26/21 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 3/26/21 ☑ N/A

12. **PROPERTY OWNER:**

NAME: SILVER MAIN LLC .MA SILVER LLC .EDWARD-MILTON CORPORATION
ADDRESS: 1805 Sardis Rd North Suite 120
CITY: Charlotte
STATE: NC ZIP: 28270
WORK PHONE: (704) 364-8881
MOBILE PHONE: ____
FAX: ____
E-MAIL: diane@silverinvestmentslimited.com
704-699-2989

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

**Owner's Authorization form is required if legal representative is submitting application*

NAME: ____
ADDRESS: ____
CITY: ____
STATE: ____ ZIP: ____
WORK PHONE: ____
MOBILE PHONE: ____
FAX: ____
E-MAIL: ____

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

Revised on: 03/27/19

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DP (Initial here for septic system applications)

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_____ (Initial here for well applications)

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Diane Paris
Property Owner's or Owner's Legal Representative Signature

6/30/22
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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 #: _____

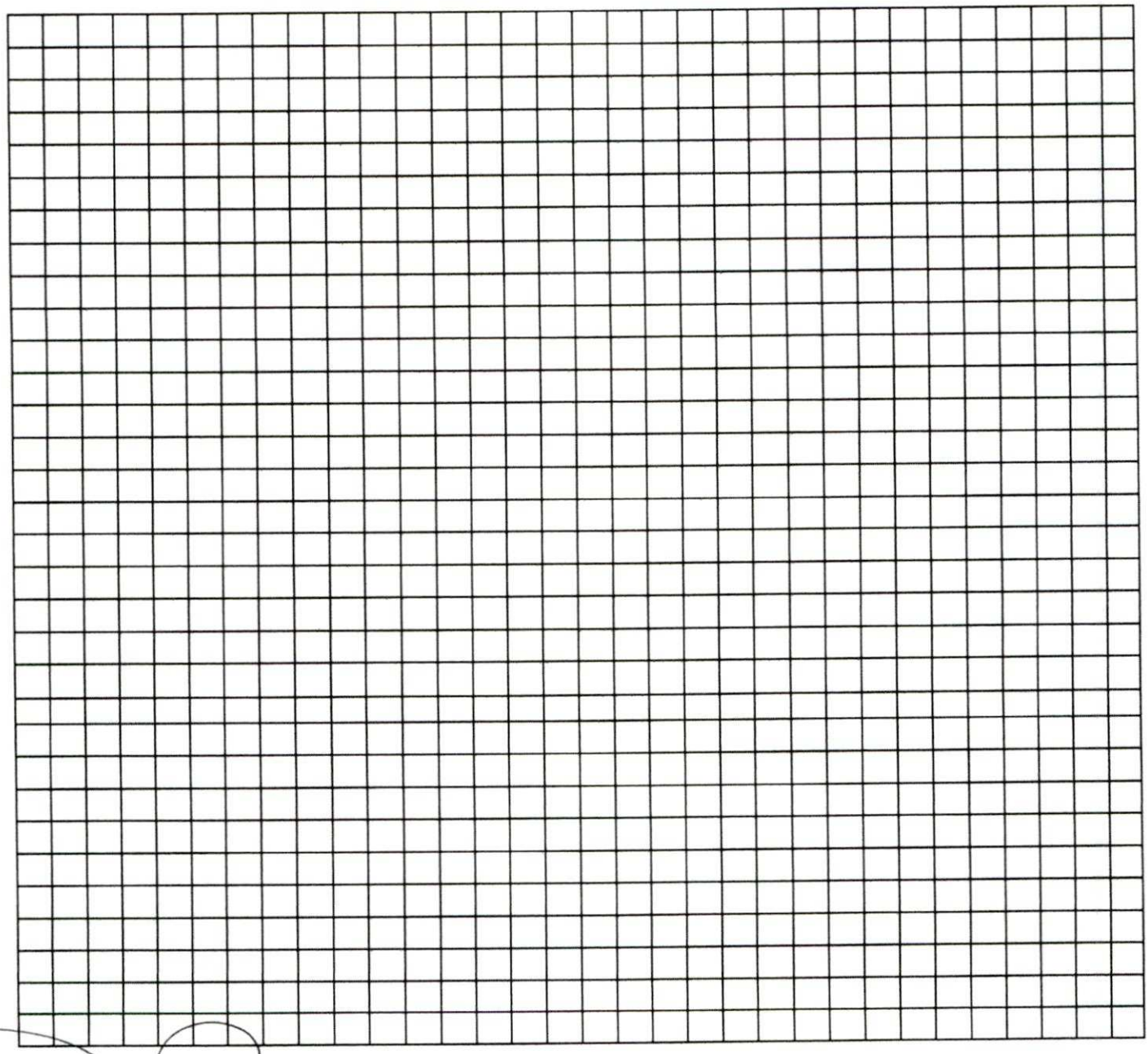
PROPOSED PLOT PLAN

(See attached Site 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.

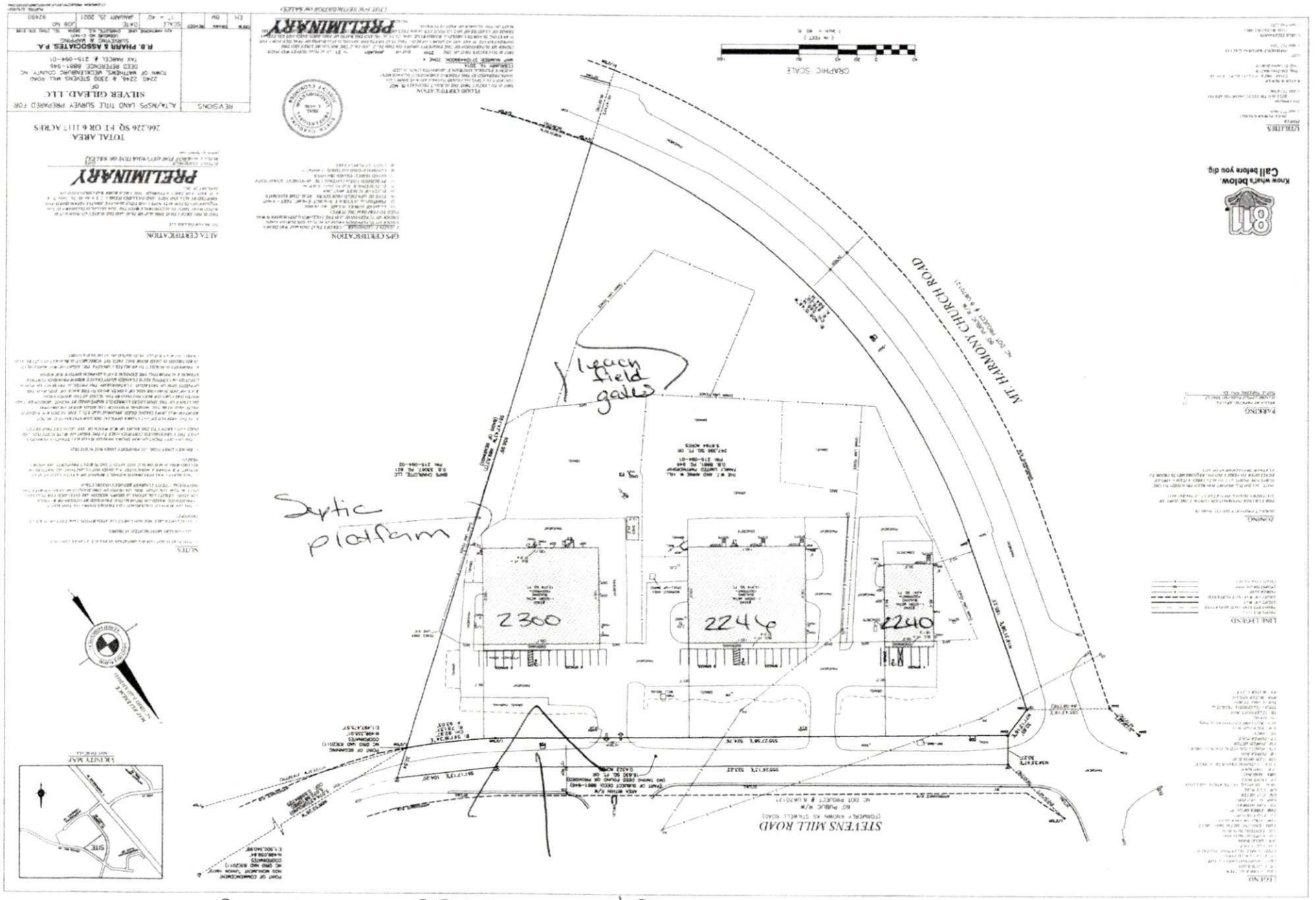
Street Address: 2300 Stevens Mill Rd Tax Parcel #: 21509401

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

6/30/2022
Date



Building 2300 needs repair

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 215-094-01
Lot #: NA
File #: 11362B
AppID: 13030

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Silver Main LLC
Address: 1805 Sardis Rd N Ste 120, Charlotte, NC28270
Proposed Facility: Commercial Building (Repair)
Location of Site: 1805 Stevens Mill Rd, Matthews 28105
Water Supply: [ ] Public [ ] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Design Flow (.1949): Existing

Applicant: owner
Date Evaluated: 7/15/2022
Property Size: 5.67 ac
Property Recorded: Unknown
[ ] Spring [ ] Municipal
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Trench Low Side
Pit #1	LS 3%	0 - 6 6 - 53	Fill sbk C	NA S P FI SEXP	>53"	53	NA	NA		**PS IV 0.3**	**36"**
Pit #2	LS 3%	0 - 15 15 - 54	Fill sbk C	NA S P FI SEXP	>54"	54	NA	NA		**PS IV 0.3**	**36"**
Pit #3	LS 3%	0 - 12 12 - 50	Fill sbk C	NA S P FI SEXP	>50"	50	NA	NA		**PS IV 0.3**	**36"**

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		lia
Site LTAR (gpd/sq ft)	**NA**	**0.3**

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS, REHS
Others Present: Bryan Davenport, REHS
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Bryan Davenport, REHS
Others Present: Jacob Presley, LSS, REHS

COMMENTS:

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
I	S-Sand	1.2 - 0.8
	LS-Loamy Sand	
II	SL-Sandy Loam	0.8 - 0.6
	L-Loam	
III	Si-Silt	0.6 - 0.3
	SiCL-Silty Clay Loam	
	CL-Clay Loam	
	SCL-Sandy Clay Loam	
	SiL-Silt Loam	
IV	SC-Sandy Clay	0.4 - 0.1
	SiC-Silty Clay	
	C-Clay	

Structure

sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic

Structure Prefixes

w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

Consistence
Moist

VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet

SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy

SEXP-Slightly Expansive
EXP-Expansive

Classification

US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Sketch of Soil Evaluation Locations



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

Septic System Pre-Construction Meeting Checklist

File # 11362B App# 13030 Tax Parcel# 215-094-01

Property Owner: _____

Job Location Address: 2300 Stevens Mill Rd

City: Matthews State: NC Zip Code: 28104

1. Does System design match facility, flow & wastewater characteristics?

   ☑ YES ☐ NO

   Comments: _____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☑ YES ☐ NO

   Comments: _____

   _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☑ YES ☐ NO

   Comments: _____

   _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

B. Davenport
Authorized Agent

12/8/22
Date

Chris Stevens
Others Present

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 #: 113623 Permit #: 13030 Tax Parcel #: 215-094-01

Property Owner: Silver, Edward-Milton LLC

Job Location Address: 2300 Stevens Mill

City: Matthews State: NC Zip Code: 28104

Improvement Permit Issuance Date: 7/19/22 **Construction Authorization Issuance Date:** _____

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: existing GPD

Site LTAR: .3 GPD/ft²

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: _____ inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ 100 feet

Depth of Media: 24 inches (Type) gravel

Distribution Device: D-Box "New"

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 _____

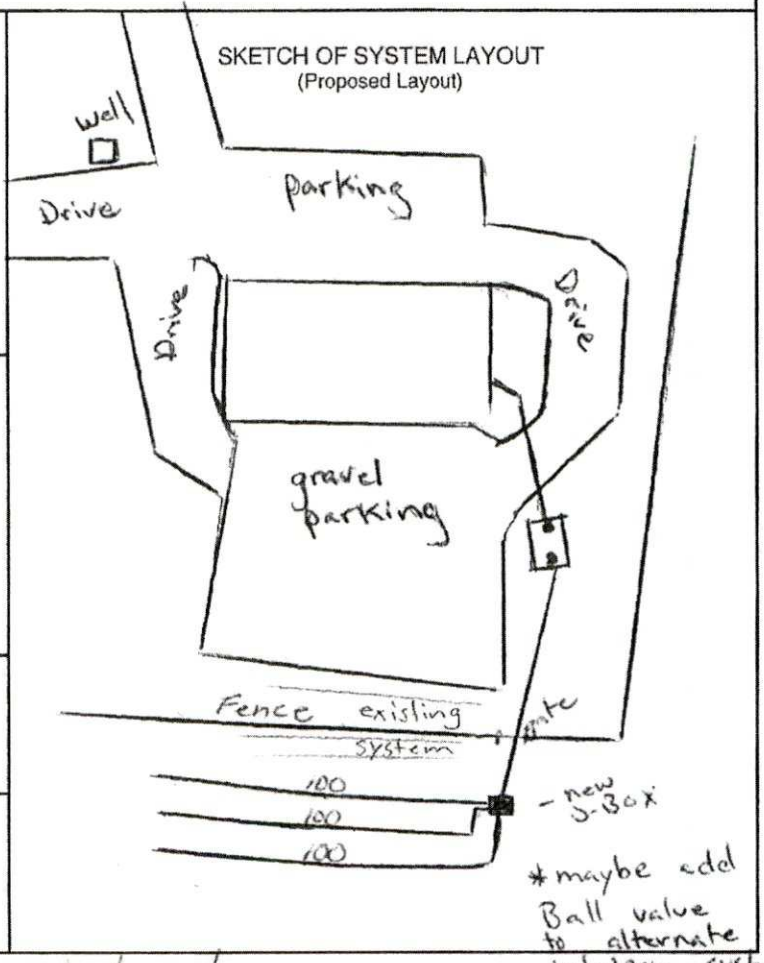
Minimum System Setbacks

Distance from Building Foundation: 200 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 345 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type ~~III~~ II a / G / NA / NA GTR

30" inche trench depth

Authorized Agent: Bryan Davenport Signature: 7/19 Bryan Davenport

Owner Signature: _____ Date: 7/28/22

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 #: 11362B Permit #: 13030 Tax Parcel #: 215-094-01

Property Owner: Silver, Edward-Milton LLC

Job Location Address: 2300 Stevens Mill

City: Matthews State: NC Zip Code: 28104

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Distribution Device: D-Box "New"

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 _____

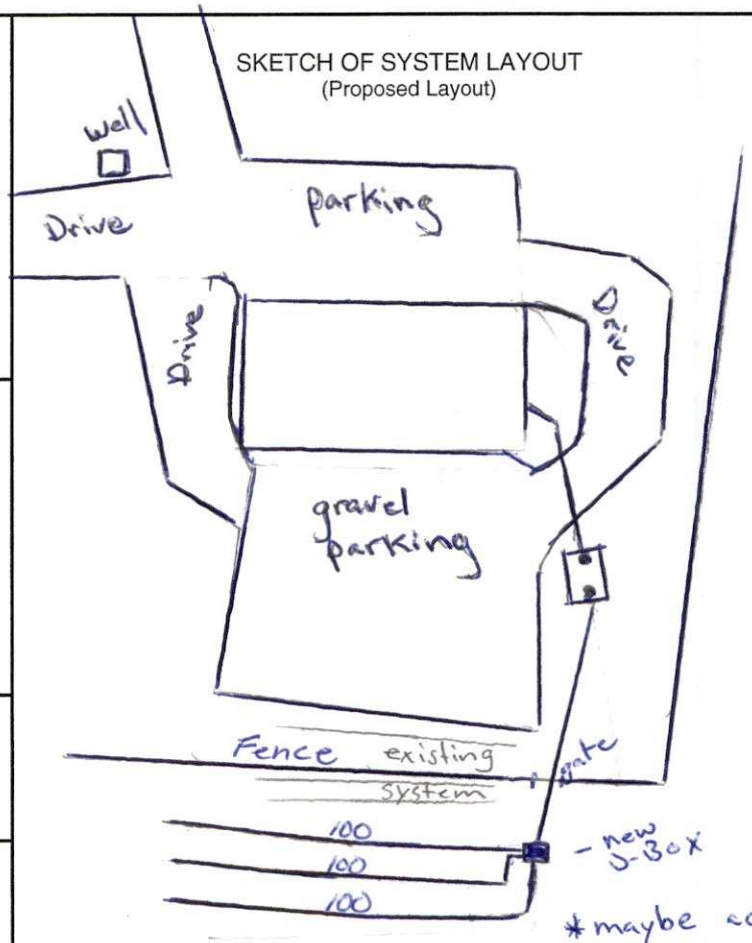
Minimum System Setbacks

Distance from Building Foundation: 200 feet

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SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type ~~III~~ II/G/NA/NA GTR

30" inche trench depth

Authorized Agent: Bryan I Davenport Signature: 7/19 Bryan Davenport

Owner Signature: _____ Date: _____

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 #: 113628 Permit #: 13030 Tax Parcel #: 215-094-01

Property Owner: _____

Job Location Address: 2300 Stevens Mill Rd

City: Matthews State: NC Zip Code: 28104

Operation Permit Issuance Date: 11/29/22 Contractor Name: ~~Eh~~ Stevens Septic

Permitted Design Flow: _____ GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: existing gallons Tank Manufacture existing Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ 100 feet

Depth of Media: 24 inches (Type) Stone

Depth of Cover: 6 inches

Distribution Device: D-Box

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: 178 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 340 feet

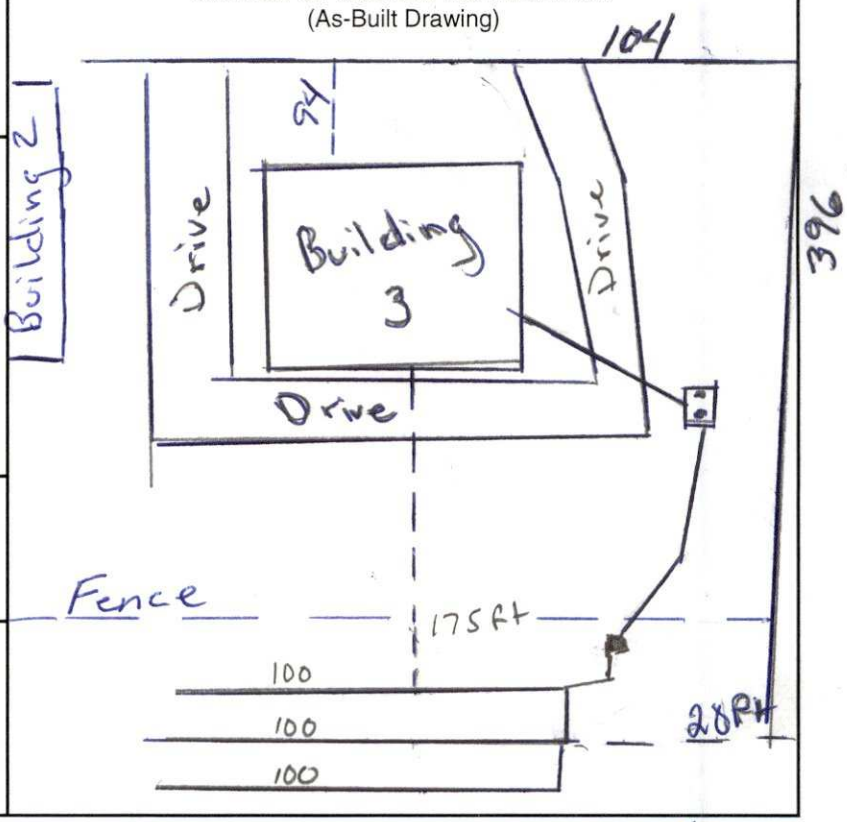
Inspection Dates

Tank(s) Inspected: existing

Excavation Inspected: 11/29/22

Pump & Controls Inspected: NA

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 operate 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: ~~III~~ II/G/NA/NA GTR

DENR Authorized Agent: B. Davenport Signature: B. Davenport

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

File #: 11362B Permit #: 13030 Tax Parcel #: 215-094-01

Property Owner: _____

Job Location Address: 2300 Stevens Mill Rd

City: Matthews State: NC Zip Code: 28104

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: ~~IIIG~~ I/a

*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:

_____

_____

_____

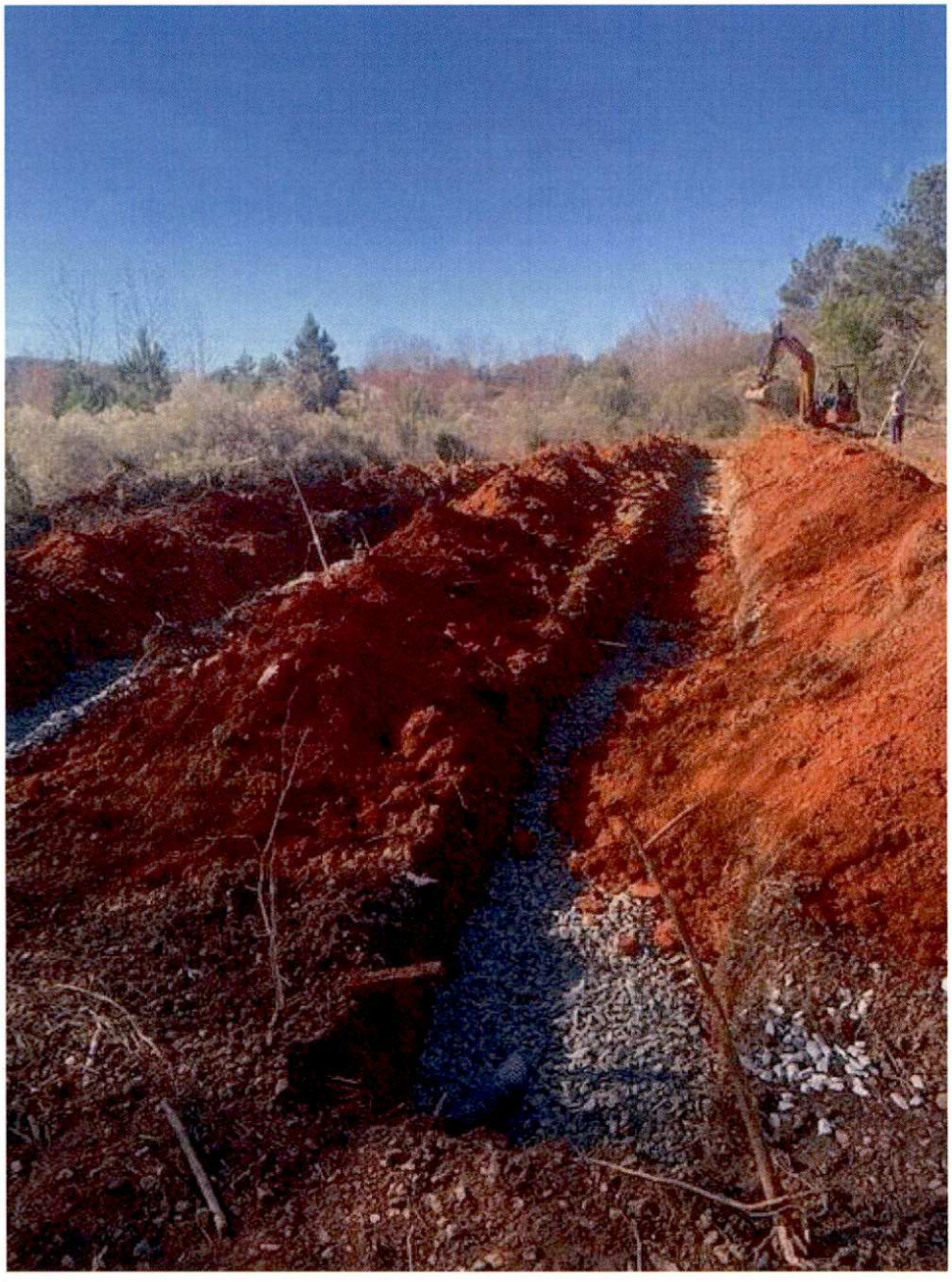
_____

DENR Authorized Agent: B. Davenport Date: 12/8/22

Signature: B. Davenport

Davenport, Bryan C.

From: Davenport, Bryan C.
Sent: Thursday, December 8, 2022 12:55 PM
To: Davenport, Bryan C.





Sent from my iPhone

