SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☑ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 12542B

Assigned Inspector: Heather

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 5/19/26

☐ Release final hold in Winchester: _____

Comments: Repair Complete

125423

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#16257

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: 01547126
STREET ADDRESS: 9327 Mt Holly-Huntersville Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 0.87

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: 2,209
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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: 0 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:** 1 2 3 4 5

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

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, ○ YES ◉ NO
PLEASE LIST TICKET REFERENCE NUMBER: _____ VISIT BY DATE: _____

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 5/17/21 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Cody and Leah Shaw
ADDRESS: 9327 Mt Holly-Huntersville Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: (252) 902-7541
FAX: _____
E-MAIL: cnshaw23@gmail.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 Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

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. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

_____ (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.

Cody Shaw
Property Owner's or Owner's Legal Representative Signature

4/1/2026
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 Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

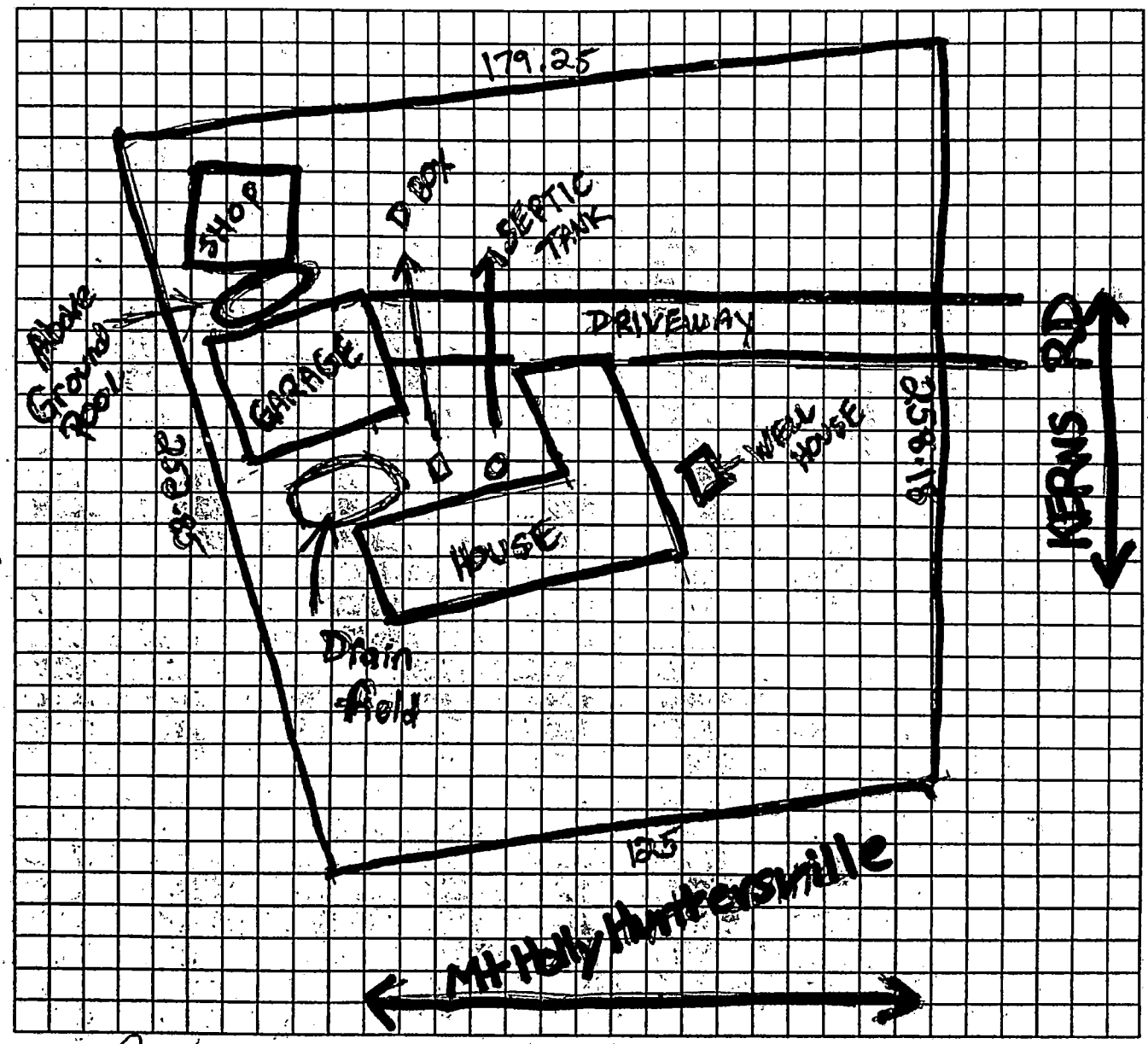
File #: _____

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: 9327 Mt Holly-Huntersville Rd Huntersville, Tax Parcel #: 01547126

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

4/1/26
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY, North Carolina
POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY
Date Printed: 04/01/2026

Identity

Parcel ID	GIS ID
01547126	01547126

Postal Address on property

9327 MT HOLLY-HUNTERSVILLE RD HUNTERSVILLE NC 28078

Property Characteristics

Legal Desc	L3 B1 M8-311
Land Area	0.874 GIS AC
Fire District	Huntersville
Special District	NA
Account Type	Individual
Municipality	Huntersville
Land Use	Single Family Residential

Land Analysis - Jurisdiction

Charlotte	0.000 GIS AC (0.00%)
Huntersville	0.874 GIS AC (100.00%)

Land Analysis - Zoning

R	0.874 GIS AC (100.00%)

Land Analysis - Other

Layer	IN	OUT
Utility ROW	0.000 GIS AC (0.00%)	0.874 GIS AC (100.00%)
Railroad ROW	0.000 GIS AC (0.00%)	0.874 GIS AC (100.00%)
FEMA Floodplain	0.000 GIS AC (0.00%)	0.874 GIS AC (100.00%)
Post Const Buffers	0.000 GIS AC (0.00%)	0.874 GIS AC (100.00%)
SWIM Buffers	0.000 GIS AC (0.00%)	0.874 GIS AC (100.00%)

Site Location

ETJ Area	Huntersville
Historic District	No
Census Tract #	62.23
Inside BIP Opportunity Area	No

Ownership

Owner Name	Mailing Address
SHAW CODY	9327 MOUNT HOLLY HUNTERSVILLE RD HUNTERSVILLE NC 28078
SHAW LEAH	9327 MOUNT HOLLY HUNTERSVILLE RD HUNTERSVILLE NC 28078

Deed Reference(s) and Sale Price

Deed	Sale Date	Sale Price
36072-175	05/17/2021	$315,000.00
35911-304	04/07/2021	$208,000.00
08643-837	07/02/1996	$109,000.00

Situs Addresses tied to Parcel

9327 MT HOLLY-HUNTERSVILLE RD HUNTERSVILLE NC

Environmental Information (View map to verify)

FEMA Panel	3710454800J (03/03/2009)
FEMA Flood Zone	OUT
Comm Flood Zone	OUT
Water Quality Buffer	OUT
Post Construction District	Huntersville
Stream Watershed District	LONG
Drinking Watershed	MTN ISLAND LAKE (CA-2)

North View on 01/12/2026



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 information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

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

Page 1
Property ID: 1547126
Lot #:
File #: 12542B
AppID: 16251

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Cody and Leah Sha
Address:9327 Mt Holly Hunt
Proposed Facility:3 brd
Design Flow (.0400)360
Location of Site: 9327 Mt Holly Huntersville NC
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Owner
Date Evaluated: 4/12/2026
Property Size: .87
Property Recorded:

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .0503 Structure/ Texture	.0503 Consistence Mineralogy	b PROFILE FACTORS .0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	0.0509 Profile Class & LTAR	0.0502 Slope Correction
1	0	0-28	C, SBK	S P FR SEXP	yellow browns	48	na	na	.3	36
		28-48	Cl,SBK	SS SP FR SEXP	26-48					

Description	Initial System	Repair System
Available Space (.0508)		s
System Type(s)		s
Site LTAR		.275

Soil Evaluation By: Heather Ray
Site Classificaton (.0509): S
Evaluated by: Heather Ray

COMMENTS:

FILE #:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	



MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12542b/16257

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 01547126

Owner: Cody & Leah Shaw Applicant: Cody & Leah Shaw

Property Location: 9327 Mt Holly Huntersville

Facility Type: Single Family

Number of bedrooms: 3 Number of Occupants: 6 Other:

☐ New ☐ Expansion ■ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ■ No Basement Fixtures? ☐ Yes ☐ No

Crawl Space? ■ Yes ☐ No Slab Foundation? ☐ Yes ☐ No

Type of Wastewater System* _____ (Initial) IIB (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 360 GPD Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? ☐ Yes ■ No
(if yes, please provide engineering documentation)

Effluent Standard: ■ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ■ Private well ■ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 40 feet Trench/Bed Spacing: 3 feet on center

Trench/Bed Width: 10 inches LTAR: .2 gpd/ft² Usable Depth to LC (Initial)ˣ: 48 ˣ***Limiting condition***

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth‡: 36 inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): na gallons Requires more than one pump? ☐ Yes ■ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☐ Serial ■ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ■ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [Rule .0204(g)]: ☐ Yes ■ No

Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: ☐ Yes ■ No

Declaration of Restrictive Covenants: ☐ Yes ☐ No Pre-Construction Conference Required: Yes ■ No ☐

Management Entity Required: ☐ Yes ■ No Minimum O&M Requirements:

Conditions: pump and crush existing tank. Reroute plumbing to front of house. Install 1000 gallon tank. 10'x 40' x 36"
6" of sand 24" of stone.
best professional judgment was used to repair the malfunctioning wastewater system

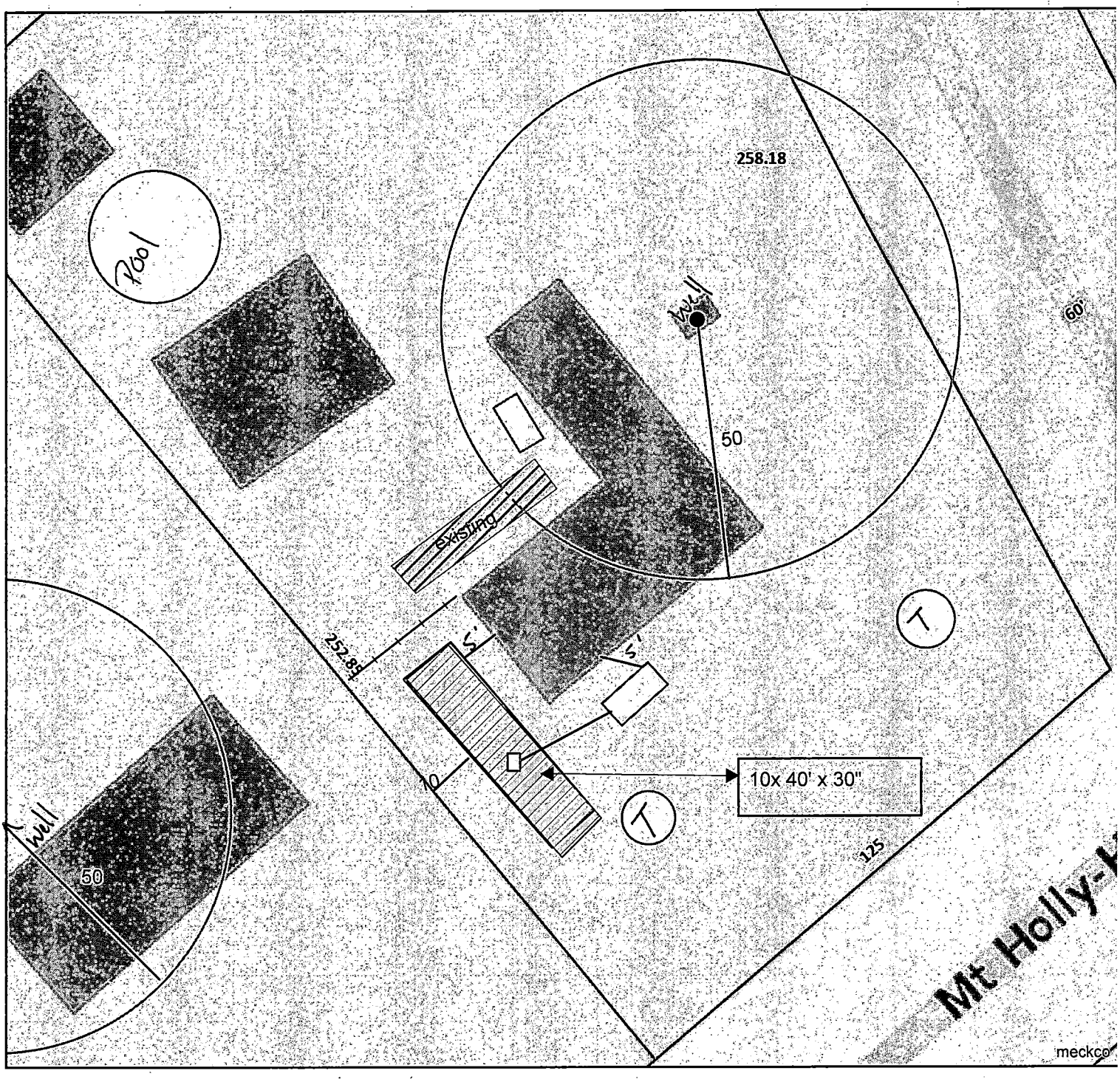
The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Heather Ray Expiration Date: 4/13/2031

Authorized Agent's Signature: Date: 4/13/26

3205 Freedom Drive • Charlotte, NC 28208 • 980-314-1680 • Health@MeckNC.gov • Health.MeckNC.gov
Respect | Professionalism | Accountability | Communication | Teamwork | Trust

On-site Wastewater CA Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:16257
PID #:01547126
File #:12542B

Authorized Agent: Heather Ray Date: 4-13-26

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee

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 #: 12542B Permit #: 16257 Tax Parcel #: 015-47-126

Property Owner: Cody & Leah Shaw

Job Location Address: 9327 Mt Holly Huntersville Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 05-5-26 Contractor Name: MKB Plumbing & Septic

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

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

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: _____

Inspection Dates

Tank(s) Inspected: 05-5-26

Excavation Inspected: 05-5-26

Pump & Controls Inspected: _____

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 10 feet

Total line length: 40 feet

# of Lines: 3 @ 40 feet

Depth of Media: 30 inches (Type) _____

Depth of Cover: 6 inches

Distribution Device: Dbox

Water Supply Source

☒ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

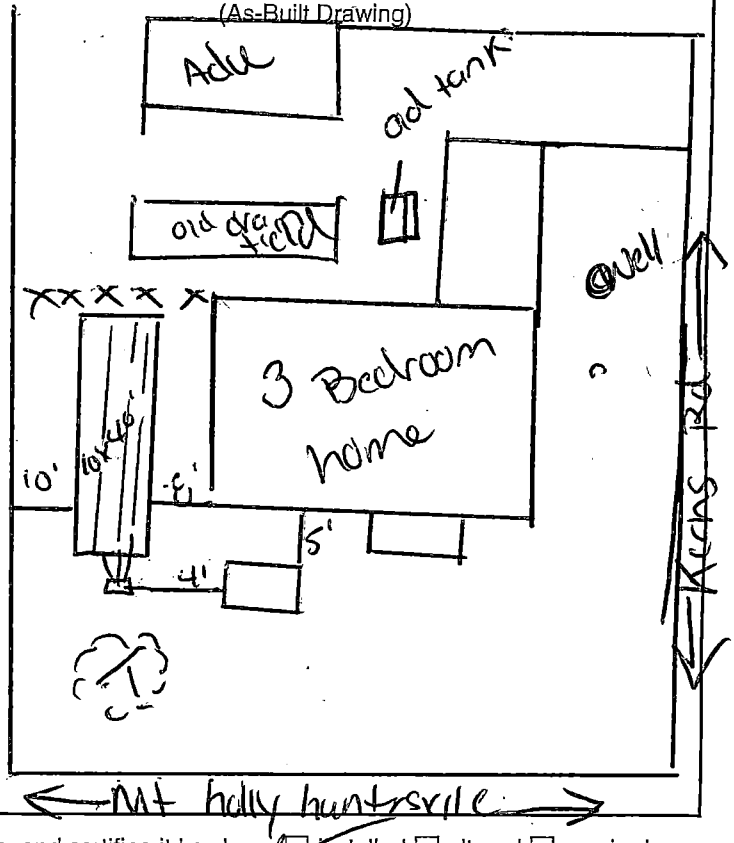
System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

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: 11b1 Stone/G/NA/NA

DENR Authorized Agent: Heather Woods 2451 Signature: Heather Woods

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 #: 12542B Permit #: 16257 Tax Parcel #: 01547126

Property Owner: Carly Jean Shaw

Job Location Address: 9327 mt holly huntsville

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: II B

*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: Heather Woods Date: 5-5-26

Signature: