SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 1737B

Assigned Inspector: Braedon

☐ 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: 10/21/25

☐ Release final hold in Winchester: _____

Comments:

Tank Replacement Only - Complete

MECKLENBURG COUNTY
HEALTH DEPARTMENT

17378
15735

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: 27-172-39
STREET ADDRESS: 17835 Terryglass Lane
CITY: Charlotte, NC 28278
STATE: NC ZIP: 28278
SUBDIVISION NAME: _____
LOT #: 52 LOT SIZE (acres): .88
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: 768
NUMBER OF BEDROOMS: 2
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: _____ 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

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?** 7/31/1997 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 11/7/2025 ☐ N/A

12. **PROPERTY OWNER:**
NAME: Royal Estate, LLC
ADDRESS: 2004 Lombardy Circle
CITY: Charlotte
STATE: NC ZIP: 28203
WORK PHONE: _____
MOBILE PHONE: 704-604-4020
FAX: _____
E-MAIL: adam-m_workman@hotmail.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)**

AW (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.

_____ 9/5/25

Property Owner's or Owner's Legal Representative Signature — 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: _____

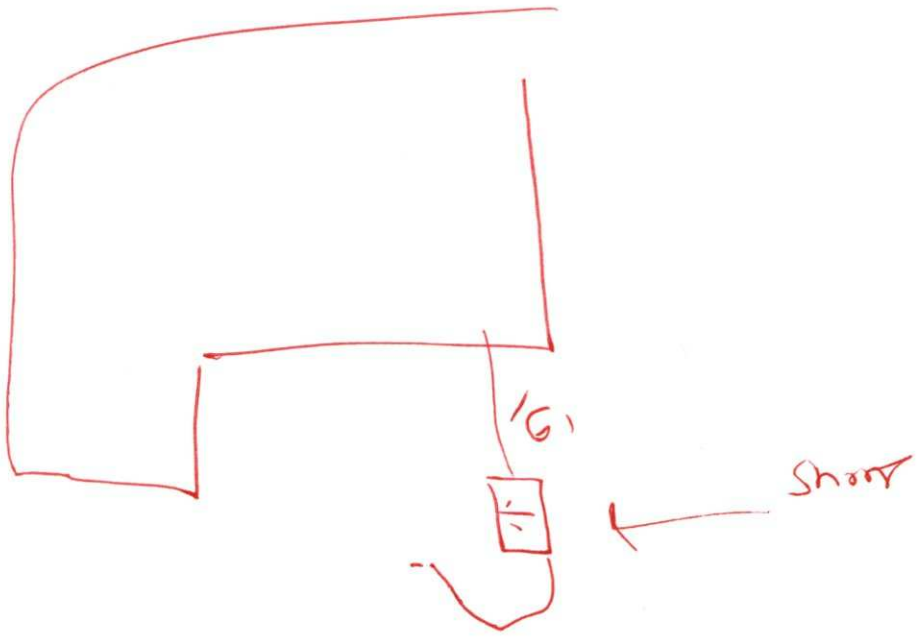
GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

10/16/25

shoot 1000 gallon



File #: _____

PROPOSED PLOT PLAN

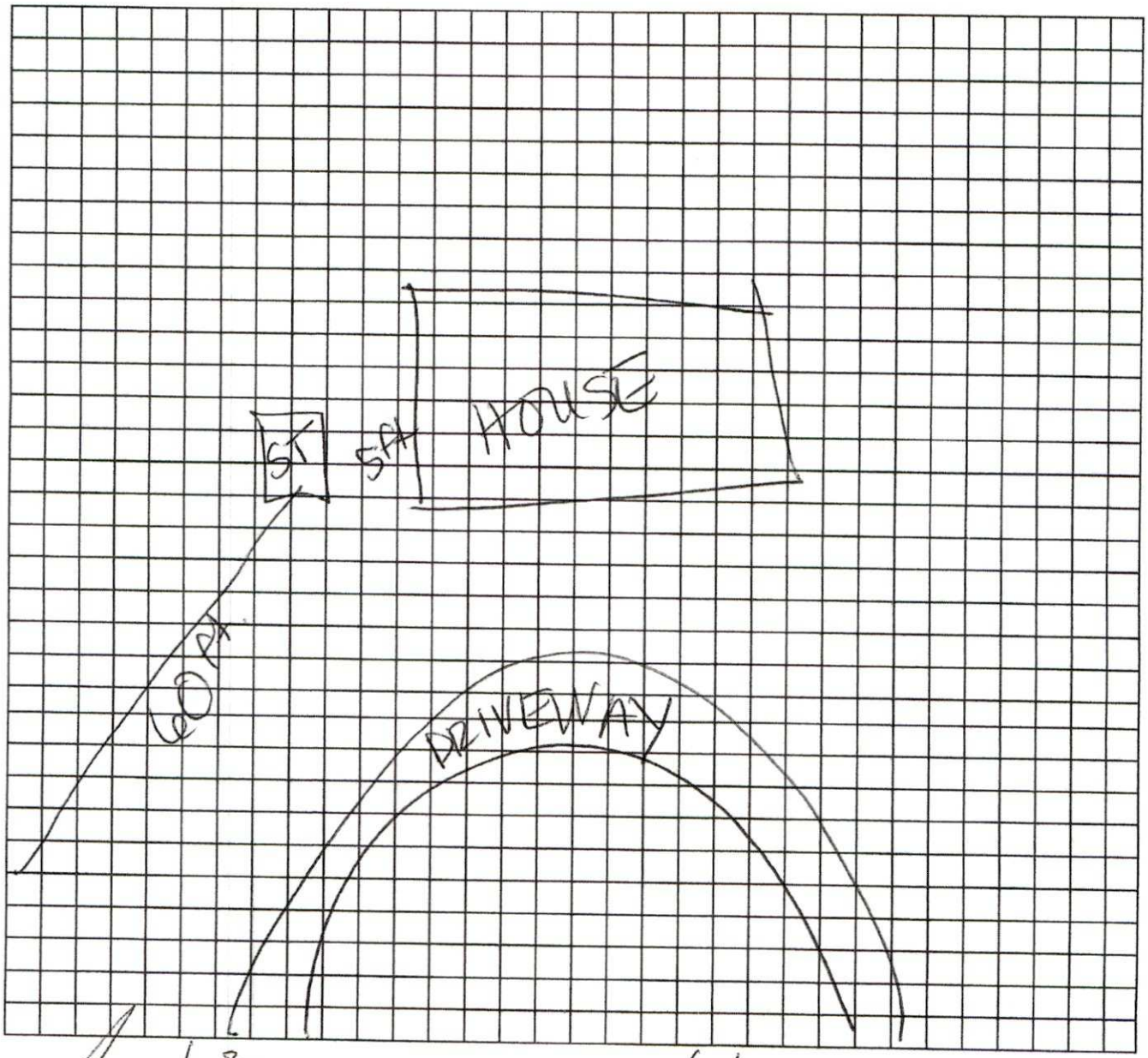
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 17835 Ternyglass Lane

Tax Parcel #: 217-172-39

Subdivision Name: N/A

Lot #: 52



Property Owner's or Owner's Legal Representative Signature

9/5/25
Date

1969 home build permit in 1997 remodel

On-site Wastewater Inspection

☐ **Pre-Inspection Contract, signed by Client is attached to Inspection**

Property Address: 17835 Terryglass Lane
Street

Charlotte NC 28278
City **St** **Zip**

Client Name: George Irby 406@gmail (704-277-1416)

Current owner of Record _____

Date of Inspection: 9-2-25

2 **Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative**

240 **Gallons per day for designed system size or number of bedrooms as stated in available local health department information**

☒ **Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit**

☐ **Copy of Operations permit from** _____ **County Environmental Health Attached**

☒ **Operations permit not available**

☐ **System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44**
Current Operator's Name _____
Most recent performance, operation and maintenance reports are ☐ **attached** ☐ **not available**

Type of water supply ☒ **Well** ☐ **Public Water** ☐ **Community Water** ☐ **Spring**

Location of Septic Tank and septic tank details:

5 **ft from house or structure**
60 **ft from well if applicable**
_____ **ft from water line if applicable and readily visible**
_____ **ft. from property line if said property lines are known**
6"-10" → varies **distance from finished grade to top of tank or access riser**
_____ **Access riser(s)** ☐ **yes** ☒ **no Describe** _____
_____ **Tank lids intact** ☒ **yes** ☐ **no**
_____ **Tank has baffle wall** ☒ **yes** ☐ **no Describe condition of baffle wall:** _____
yes **Inflow to tank is noted as sufficient**
no **Inflow to tank is noted as insufficient or blocked**
no **Water level in tank is relative to tank outlet**
_____ **Outlet T is present** ☒ **yes** ☐ **no Describe condition of Outlet T:** Terra Cotta -
_____ **Outlet has filter** ☐ **yes** ☒ **no Describe condition of filter:** _____
_____ **Effluent leaves the outlet** ☐ **yes** ☒ **no**
_____ **Roots present in tank** ☒ **yes** ☐ **no Describe extent of roots:** throughout walls
yes **Evidence of tank leakage Describe:** Wall Collapse → (see videos)
no **Evidence of non-permitted connections, such as downspouts or sump pumps**
yes **Connection present from house to tank**
yes **Connection present from tank to next component**
34 **Percentage of solids in tank**
X **Unable to ~~locate~~ tank. System inspection cannot be completed until tank is located**
open → unsafe

Date tank was last pumped _____ ☒ **unknown**
Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ **Date** _____

Does system have pump tank? ☐ **yes (complete blanks below)** ☒ **no**

_____ **ft from house or structure**
_____ **ft from well or spring if applicable**
_____ **ft from water line if applicable**
_____ **ft. from property line if property lines are known**
_____ **ft from septic tank**
_____ **Distance from finished grade to top of tank or access riser**
_____ **Access risers in place** ☐ **yes** ☐ **no**
_____ **Describe type of access risers:** _____
_____ **Describe condition of tank lids** _____
Location of control panel: _____
Condition of control panel: _____
_____ **Audible and visible alarms (as applicable) work**
_____ **Pump turns on and effluent is delivered to next component**
_____ **Unable to operate pump due to lack of electricity at site at time of inspection**

Dispersal field: Type of system: ☒ **Conventional** ☐ **Accepted** ☐ **Innovative** ☐ **Experimental** ☐ **Controlled Demonstration** ☐ **Pretreatment; Type of Pretreatment** _____
Brief Description of System Type _____

serial
162'x3'
line

35 **ft. from property line if property lines are known**
6 **ft from septic/pump tank**
1 **# of lines**
162 **length of lines**
NO **Evidence of past or current surfacing at time of inspection**
Briefly describe: _____
NO **Evidence of traffic over the dispersal field**
NO **Vegetation, grading and drainage noted that may affect the condition of the system or system components**
Yes/NO **Effluent is reaching the dispersal field**

Distribution Box: _____ **system has distribution box(es)** _X_ **system does not have distribution box(es)** none found
_____ **distribution box(es) located**
_____ **unable to locate distribution box(es)**
_____ **describe condition of distribution box (es)** _____
_____
_____
_____ **inflow to distribution box(es) is noted as sufficient**
_____ **inflow to distribution box(es) is noted as insufficient or blocked**
_____ **outflow from distribution box(es) is noted as sufficient**
_____ **outflow from distribution box(es) is noted as insufficient or blocked**
_____ **water level in distribution box(es) is noted as normal**
_____ **water level in distribution box(es) is noted as above normal**
_____ **water level in distribution box(es) is noted as below normal**

☒ **Conditions present that prevented or hindered the inspection** – safety hazard - see video

☐ **Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition:** Tank walls collapsing

Consequences of the adverse condition: _____

Client should contact Mecklenburg **County Environmental Health and/or a certified on-site wastewater contractor**

Other pertinent facts noted during inspection: See Videos for details - Walls of tank leak sewage ↓ 4' – Outlet wall collapse found while digging (w/shovel) - Tank requires replacement by permit from Meck Co EH.

Inspector Name: Dustin Lowery **Certification #** 5358 I / SS# 1005506

Address 5509 HB Starnes rd Waxhaw NC 28173

Phone 704-320-5949 LoweryPlumbing and Septic @ yahoo.com

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: _____ **Date** 9-2-25

LOWERY PLUMBING AND SEPTIC

Well Inspection Report

No Warranties as to the future performance of the well are given. This is only a representation of the performance of the system on this date of inspection.

Date 9-2-25

Address 17835 Terryglass Lane
Charlotte NC 28278

Requested by _____

Phone # _____

Well Tag Present ✓ Absent _____

If Present Depth 200' Gallons per Minute 20,0

New well install was Sept. 2004

Well Casing 16 " above ground

Filter in crawl space door

Well Vent Present ✓ Absent _____

Pressure Gauge Working ✓ Not Working _____

If Working Cut On Pressure 40 Cut Off Pressure 60

Pressure Tank Type Bladder ✓ Galvanized _____ - 40 gal tank

Air Pressure in Bladder Tank 36 psi ✓

Electrical Disconnect Present (YES) / NO

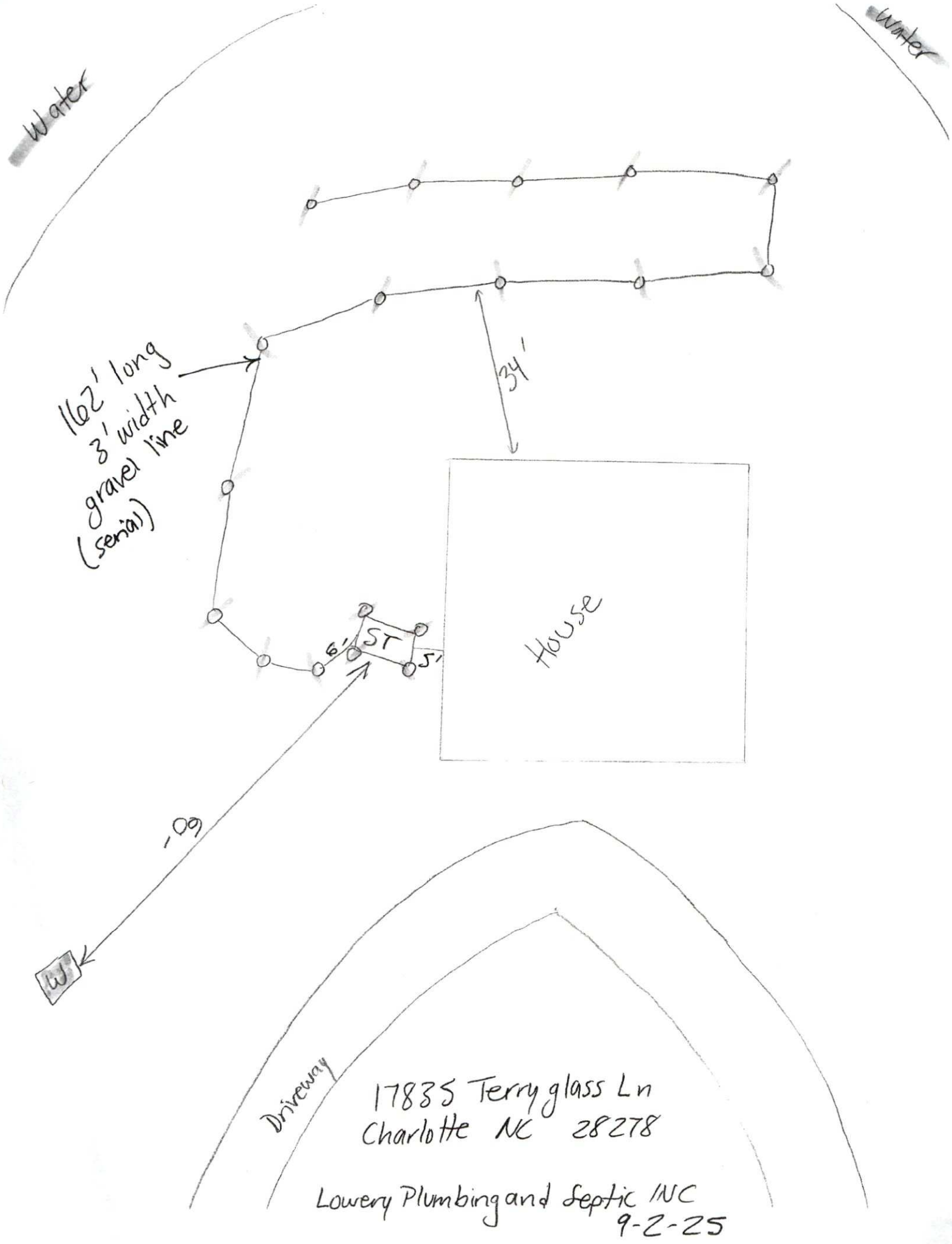
Pressure Switch Working (YES) / NO

Pump Voltage Correct (YES) / NO 230 v submersible 6 / 150 'ú

Any Leaks Noted in System YES / (NO)

Comments on system: All well system components found operating as designed. No repair items found except a dirty water sediment filter needing changed. Filter in crawlspace door 6' away - Otherwise unremarkable

Inspector Signature: _____



17835 Terryglass Ln
Charlotte NC 28278

Lowery Plumbing and Septic INC
9-2-25

9/9/25

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 #: 1737B Permit #: 15735 Tax Parcel #: 217-172-39

Property Owner: Royal Estates

Job Location Address: 17835 Terry Gloss Ln

City: Charlotte State: NC Zip Code: 28203

Improvement Permit Issuance Date: 9/9/25 **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

Liquid Capacity of Septic Tank: 1000 gallons

Site LTAR: — GPD/ft²

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☒ N/A *Reconnect to the existing drainfield

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

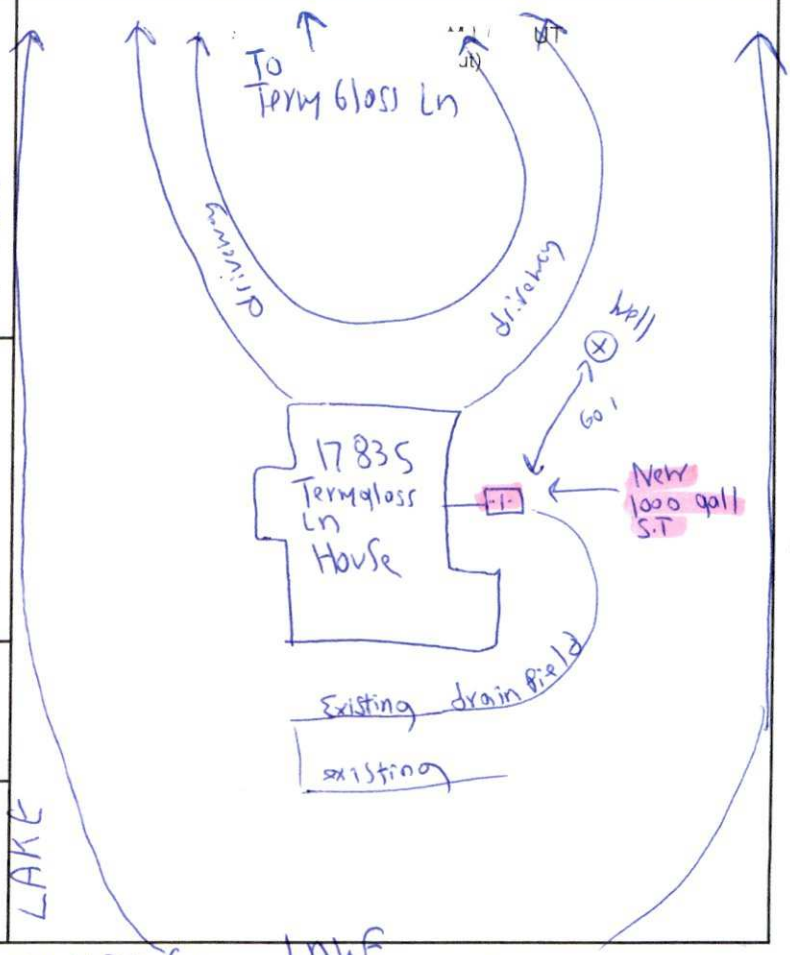
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥50 feet



Comments: System Classification & Type: TANK ONLY (1000 gallon)
re-connect to existing drainfield

Authorized Agent: Braedon Shelton Signature: Braedon Shelton

Owner Signature: _____ Date: _____

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 # 17378 App# 15735 Tax Parcel# 217 172 39

Property Owner: Royal Estate LLC

Job Location Address: 17835 Terry Glass Ln

City: Charlotte State: NC Zip Code: 28278

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.**

Braedon Shelton
Authorized Agent

10/16/25
Date

Stevens Septic
Others Present

Phone: (980) 314-1680 Fax: (704) 336-6894

On-Site Wastewater Section

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

File #: 1737 B Permit #: 15735 Tax Parcel #: 217-172-39

Property Owner: Royal Estate

Job Location Address: 17835 Terry Glass Ln

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 10/16/25 Contractor Name: Stevens

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

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

Drainfield Installation ☒ N/A Reconnected into existing system.

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: 16 feet

Distance from Property Line: 210 feet

Distance from Water Supply Source: 260 feet

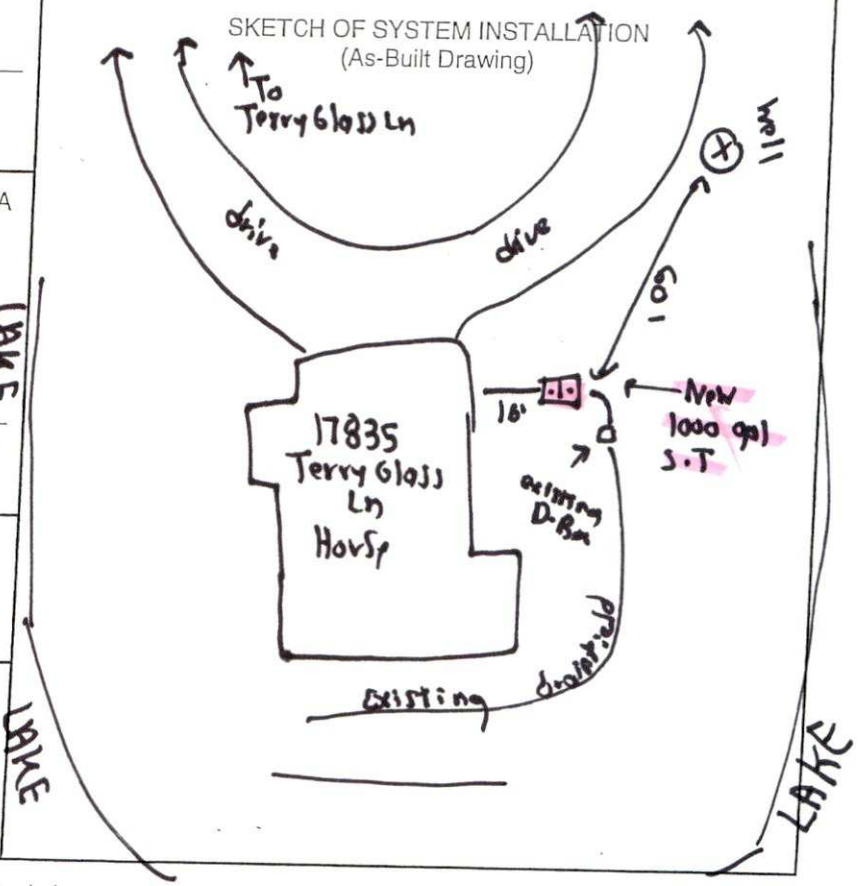
Inspection Dates

Tank(s) Inspected: 10/16/25

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 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: TANK only, 9, N/A, N/A

Reconnected to the existing system.

DENR Authorized Agent: _____ Signature: Brandon Shute

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 #: 1737B Permit #: 15735 Tax Parcel #: 217-172-39

Property Owner: Royal Estate LLC

Job Location Address: 17835 Terry Gloss Ln

City: Charlotte State: NC Zip Code: 28278

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: TANK only

*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 S.T, reconnected to the existing D-Box existing drain field appears to be working properly as of 10/14/25,

DENR Authorized Agent: Braedon Shelton Date: 10/16/25

Signature: Braedon Shelton