Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	9021B
WASPS App #:	8838
Primary ES assigned to project:	Kim Garrett
Secondary ES assigned to project:	
Project Type:	Repair
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
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	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

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?	N/A
Corrections/modifications needed?	No
Comments:	
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michael
Date performed:	5/30/2017

Created at 5/30/2017 11:54 AM by Michael, Jeremy
Last modified at 5/30/2017 11:54 AM by Michael, Jeremy

Close

902B # 8838

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: 01942131
STREET ADDRESS: 15700 Mac Wood Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: Mac Wood Road
LOT #: _____ LOT SIZE (acres): 1.17
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: 2,960
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3
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? 4/6/15 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Walter and Michele Gobble
ADDRESS: 15700 Mac Wood road
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: (704) 340-6000
MOBILE PHONE: (704) 340-6000
FAX: _____
E-MAIL: hdggator@yahoo.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: ES Johnson Builders
ADDRESS: 455 S Main Street Unit 320
CITY: Davidson
STATE: nc ZIP: 28036
WORK PHONE: (704) 987-7950
MOBILE PHONE: (704) 309-9593
FAX: _____
E-MAIL: iannello.nick@gmail.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

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.

wcg (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.

Walter C Gobble — 3/20/17

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
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

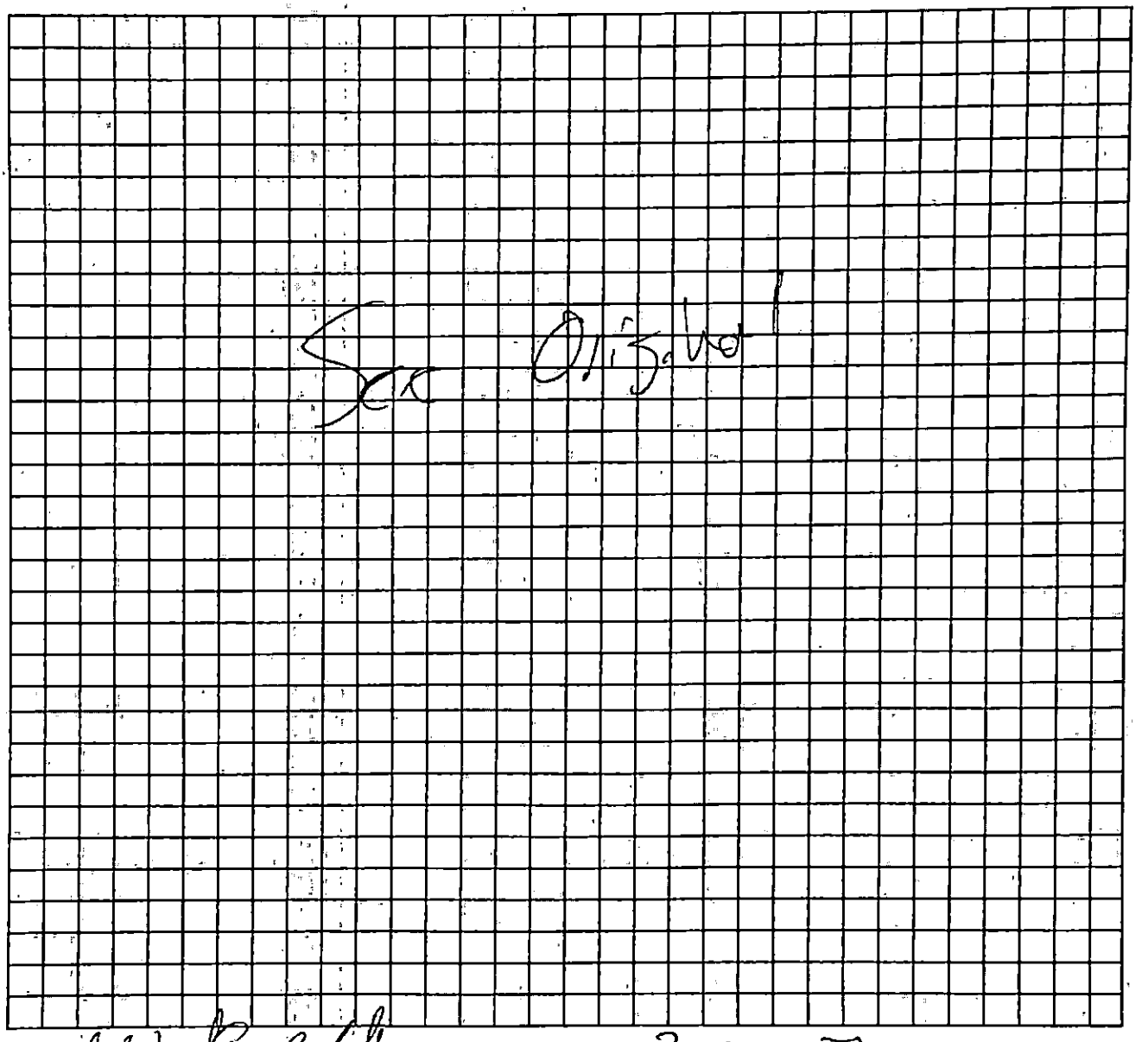
File #: _____

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 #: 01901213 1

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

3/20/17
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

Garrett, Kimberly

From: Garrett, Kimberly
Sent: Thursday, March 23, 2017 3:28 PM
To: 'Terry Gobble'
Cc: Nick Iannello
Subject: Septic Repair
Attachments: 15700 Mac Wood_repair.pdf

Attached is the repair permit for your septic drain field. Please sign and return a copy of the signed permit to me for our files.

As we discussed at our last meeting, the plan is to:

1. Disconnect the fifth drain line (abandon it) from the system.

2. Add approximately 20-25' to each of the top 4 drain lines with the goal of gaining back as much of the 97' lost from abandoning the bottom line.

   Chambers may be added to one or both ends of each line to achieve this. The side property boundaries need to be clearly marked so that the Septic Contractor can maintain the required 10' off the property line.

3. The fill material that was brought in and spread over the bottom drain line is holding water and creating more of a problem. This material should be removed and native clay soil added. This area of the drain field should be graded in a way that the final grade sheds water off the drain field. All areas where soil is added and grading work done should be seeded with grass.

   I would also suggest removing the heavily mulched path leading to the firepit. I'm not sure if there is currently drain line under this path or not. But if there is drain line, then the mulch is holding in excess moisture in the ground. I would suggest this area also be seeded with grass.

Please have the Septic Contractor contact me prior to the work being started so that I can meet them on site for a pre-inspection.

Please contact me if you have additional questions or concerns.

Sincerely,
Kim

Kim Garrett, REHS
Environmental Specialist
Environmental Health Program
Mecklenburg County Public Health
980-721-2054 (cell)
kimberly.garrett@mecklenburgcountync.gov

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Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: 704-336-5103 Fax: 704-336-6894
http://groundwater.charmeck.org

Homeowner/Tenant Interview Form

Please fill out completely to aid in the evaluation of your failing septic system.

Name: Walter Grobler Date: 2/16/17

Address: 15700 MAC WOOD RD Phone: 704-340-6000 (Home/Cell)

_____ _____ (Work).

_____ Email: hdiggator@yahoo.com

When was the septic system installed? Jan 2016 Permit/File #: _____

Who installed the septic system? E.S Johnson Builder

When was the septic tank last pumped? Not

Who pumped the septic tank? _____

How often have you had the tank pumped? _____

Where are the septic tank and drain field located on the property?

behind house

Briefly describe the problem you are experiencing with the septic system:

lots of water coming to the surface

When did you first notice the problem? Apr. 2016

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes ☐ No ☑

Explain:

How many people are living in the house? 2 Adults 1 Teens _____ Children

How much water do you use each day (provide estimate in gallons)? 70

Is the property served by public water? Yes ☐ No ☑

If yes, on average how much is your monthly water bill? $_____

Do you have a dishwasher? Yes ☑ No ☐ How many times per week is it used? 1

Do you have a garbage disposal? Yes ☑ No ☐ How many times per week is it used? 5

Do you have a washing machine? Yes ☑ No ☐ How many times per week is it used? 4

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes ☐ No ☑

Do you have a water softener unit or water treatment system installed? Yes ☐ No ☑

If yes, where does the system drain? _____

Are any household cleaning chemicals put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes ☐ No ☑

If yes, please indicate what type of fixtures have been added: _____

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

_____

Do you have an in-ground irrigation system? Yes ☑ No ☐ (Front only

If yes, how often is the system used during a one week period? has not been used in 4 months

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc. NO

Please describe:

Are there underground utilities located on the property? Yes ☑ No ☐

If yes, check ALL that apply: ☑ Power ☑ Phone ☐ Water ☑ Gas ☑ Cable TV

Signature

Garrett, Kimberly

From: Terry Gobble <hdggator@yahoo.com>
Sent: Monday, February 20, 2017 12:02 PM
To: Garrett, Kimberly
Subject: Fw: Follow Up - Septic
Attachments: Office Lens 20170220-112952.pdf

Kim,
Please see attached survey per request.

Terry Gobble
704-340-6000

On Thursday, February 16, 2017 1:06 PM, Terry Gobble <hdggator@yahoo.com> wrote:

Thanks Kim. The landscape work has not been completed. It is scheduled for next week. I will advise when it is complete so that you can come back.

Terry Gobble
704-340-6000

On Wednesday, February 15, 2017 3:03 PM, "Garrett, Kimberly" <Kimberly.Garrett@mecklenburgcountync.gov> wrote:

Hi Terry,

Sorry for the delay in getting the survey to you. We use this as a tool to determine water use, but I agree with you, I don't believe the problem is with water use.

During my site visit here is what I found:

* I probed the drainfield and observed it to be wet throughout and effluent was surfacing in two locations (bottom left and right corners)
* I observed 5 or 6 downspouts that during a rain event would direct water across the drainfield
* I also observed that apparently there is also a foundation drain that is buried and crosses somewhere through the middle of the drainfield that is most likely another issue
* Also observed was that the final grade of the drainfield/yard was not level and was not designed in a way to shed the water off the drainfield.

Nick and I discussed all of the above and he was going to address all of the above and then contact

me once the work had been completed.

I do not think that it is the system that is actually the issue. The effluent leaves the septic tank and flows into the first line of chambers, when that drain line is full the effluent will overflow into the next chamber and so on.

There could possibly be a pipe disconnected between the chambers, but it would make sense to first address the landscape features, downspouts and foundation drain before we dig up the septic lines.

If the landscape work has been completed, please let me know so that I can make another visit.

Thank you,
Kim

Kim Garrett, REHS
Environmental Specialist
Environmental Health Program
Mecklenburg County Health Department
980-721-2054 (cell)
kimberly.garrett@mecklenburgcountync.gov

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-----Original Message-----
From: Terry Gobble [mailto:hdggator@yahoo.com]
Sent: Tuesday, January 24, 2017 7:10 AM
To: Garrett, Kimberly <Kimberly.Garrett@mecklenburgcountync.gov>
Cc: Nick Iannello <iannello.nick@gmail.com>
Subject: Follow Up - Septic

Hello Kim,
Hope this note finds you well.

Nick mentioned that you were going to send us a water use survey. Not having seen that yet I did want to share some info with you.

Only my wife, daughter and myself live here. We are all gone during the day (except weekends). We do not water the back yard and front yard sprinklers have been off for 2 months. Run dishwasher ever 3/4 days. Laundry every 2/3 days.

Pretty average, if not below average, use.

My concern is the grade of the drain field. I had 2 companies come out and tell me that they think the waste is all running straight to the bottom and not going out to the upper drain lines. Could it be that they are above the grade of the step down chambers?

I am no expert by my backyard is a mess and I look forward to getting it fixed. Thanks for your help on on this.

Terry Gobble
704-340-6000

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

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

File #: 9021 B Permit #: 30008838 Tax Parcel #: 019 421 31

Property Owner: Walter & Michele Mobley

Job Location Address: 15700 Mac Wood Rd

City: Huntersville State: NC Zip Code: 28078

Improvement Permit Issuance Date: 3/22/17 KG Construction Authorization Issuance Date 3/22/17

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. 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.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD

Site LTAR: .25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: n/a gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: ~80 feet

# of Lines: 4 @ ~20' feet

Depth of Media: 12 inches (Type) Chambers

Distribution Device: End caps

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

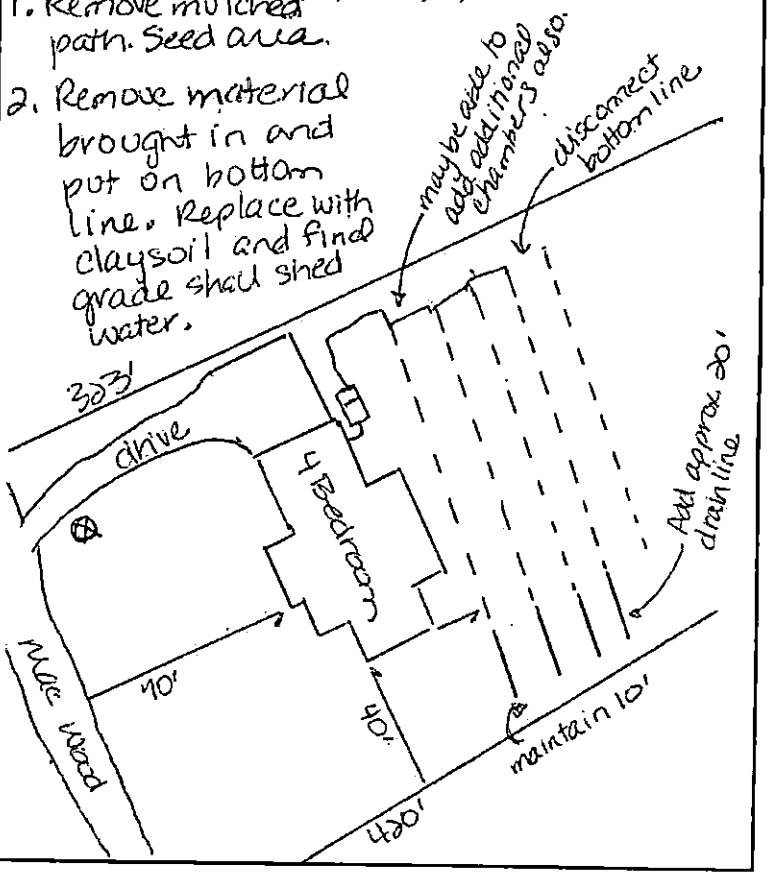
Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM LAYOUT (Proposed Layout)

1. Remove mulched path. Seed area.
2. Remove material brought in and put on bottom line. Replace with claysoil and find grade shed water.



Comments: System Classification & Type: Repair - disconnect bottom line, add as much line to the top 4 lines and maintain 10' off property line (~20'). Depending on grade and property line additional chambers may be added to both ends.

Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

Owner Signature: [signature] Date: 5/11/17

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 #: 9021B Permit #: 30008858 Tax Parcel #: 019-421-31

Property Owner: Walter & michele Gobble

Job Location Address: 15700 mac Wood Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 5/19/17 Contractor Name: Willie Christenbury #1834

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: n/a gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture Dellinger Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 80 feet

# of Lines: varying @ feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 12 inches

Distribution Device: end caps

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: >10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

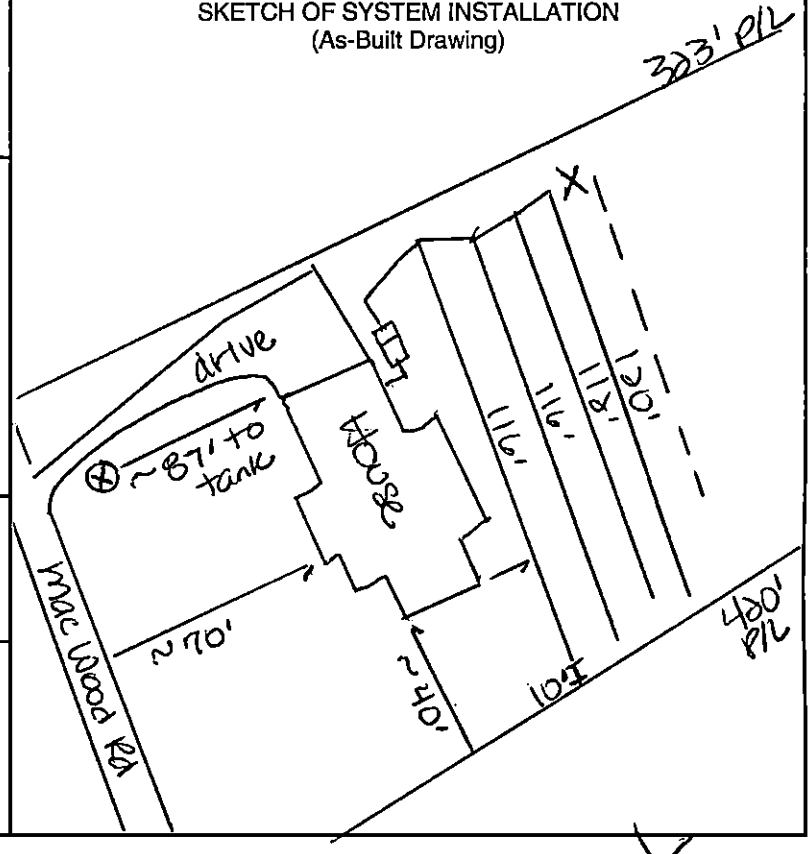
Inspection Dates

Tank(s) Inspected: existing

Excavation Inspected: 5/19/17

Pump & Controls Inspected: n/a

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: IIIg, gravity, I@4W, n/a, n/a

line # 1, 2, 3, 4 extended by 20', 20', 16', 24' accordingly, line #5 cut off

DHHS Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9021 B Permit #: 30008838 Tax Parcel #: 019-421-31

Property Owner: Walter & michele Hobbs

Job Location Address: 15700 mac Wood Rd

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: IIIc

*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: Kim Garrett, REHS Date: 5/19/17

Signature: Kim Garrett, REHS