SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 4501B/145946

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: 7/11/24

☐ Release final hold in Winchester: _____

Comments: 2024 Repair

4501B / 14596

19 APR '24 AM 10:51

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: 02323123
STREET ADDRESS: 11124 MOUNTAIN ISLAND DRIVE EAST
CITY: _____
STATE: NC ZIP: 28214
SUBDIVISION NAME: MOUNTAIN ISLAND LAKE VIEW
LOT #: _____ LOT SIZE (acres): 3.2
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL PAW CREEK

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊗ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 1640 } TOTAL 3787 ft²
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: 0

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:** CONVENTIONAL ____ ____ ____ ____

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?** 1969 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 1999 ☐ N/A

12. **PROPERTY OWNER:**
NAME: JOSEPH & SHERRY HOZACK
ADDRESS: 11124 MOUNTAIN ISLAND DR. EAST
CITY: CHARLOTTE
STATE: NC ZIP: 28214
WORK PHONE: —
MOBILE PHONE: 704-526-8013
FAX: _____
E-MAIL: JoHOZACK@YAHOO.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:

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.

_____ (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.

Property Owner's or Owner's Legal Representative Signature

4/17/2024
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: $ N/A DATE FEE RECEIVED: 4/19/24

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 4501B

APPLICATION ID NUMBER ASSIGNED: 145946

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

Revised on: 4/20/17

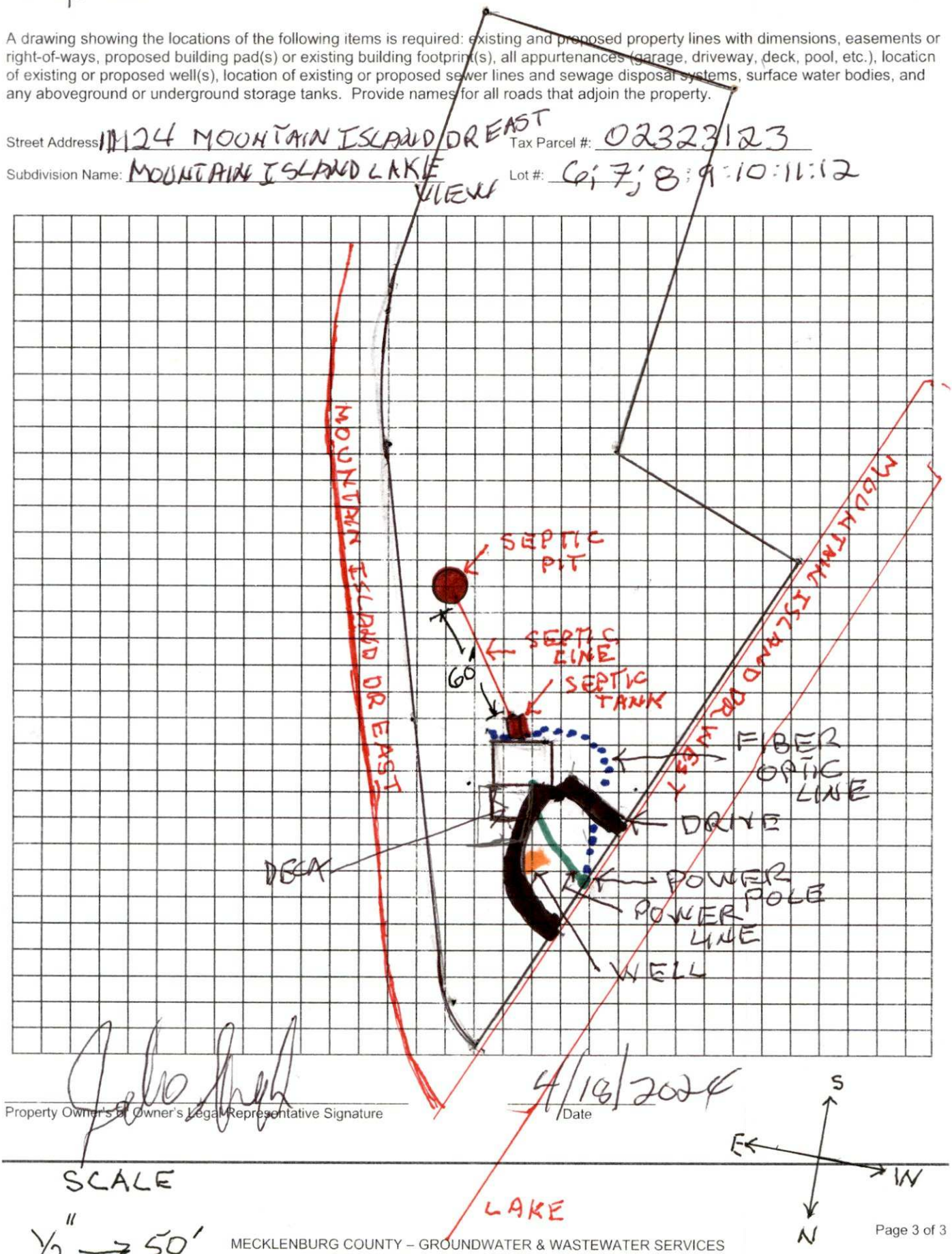
File #: 4501B

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: 11124 MOUNTAIN ISLAND DR EAST Tax Parcel #: 02323123

Subdivision Name: MOUNTAIN ISLAND LAKE VIEW Lot #: 6; 7; 8; 9; 10; 11; 12



Property Owner's or Owner's Legal Representative Signature

4/18/2024
Date

SCALE

½" → 50'

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

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 2323123
Lot #:
File #: 45013
AppID: 14596

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Joesph Hozuen - Repair
Applicant: Joesph Hozuch
Address: 11124 Mountain Island Dr. E.
Date Evaluated: 4/24/2024
Proposed Facility:
Design Flow (.0400): 360
Property Size: 1.02 ac.
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [ ] Public [X] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

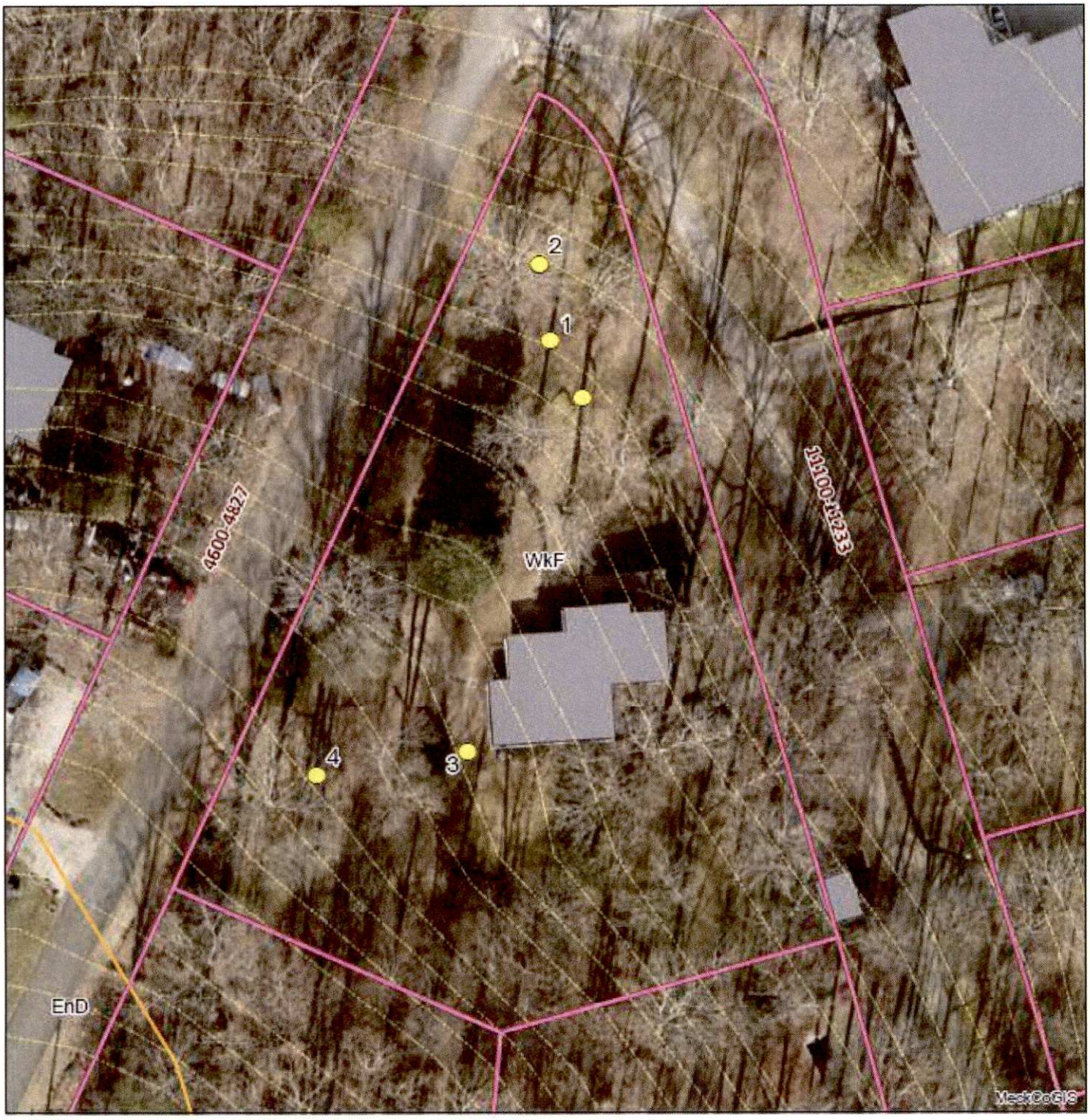
PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	.0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	.0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction (*Max Trench Depth Low Side*)
1	L 8 - 10%	0 - 27	Fill		M	M: Y/B & Blk Mn 0 - 41" F-C: Chroma 2/3 dep. in root channels	41"	US (pockets of exp clay)	N/A	Exp clay pockets throughout	US	---
		27 - 41	Wk, Abk, C	Fi, S/VS, P	M							
		41 - 48	M, L-Sap.	Fr, SS/S, SP/P	M							
2	L 8 - 10%	0 - 10	Fill			M: Y/B & Blk Mn 0 - 14"	14"?	---	14"?	---	US	N/A
		10 - 14	Wk to M, CL & Sap	mix w/ exp clay pockets	M							
		14	Auger Refusal	floater rocks?								
3	L 4 - 6%	0 - 4	Gr, L	Fr, SS, SP	B	C-M: Y/B & Blk Mn 4 - 34" F: Chroma 2/3 14 - 34"	~30"	US (pockets of exp clay)	N/A	Exp clay pockets are smaller in size and lesser in quantity in this boring compared to others. F: small frags of WR 20 - 33"	US	---
		4 - 14	Wk, Sbk, C	Fi-Fr, SS/S, SP/P	M							
		14 - 34	Wk, CL & Sap.	mix w/ exp clay pockets	M							
		34 - 48	M, L-Sap.	Fr, SS, SP	M							
4	L 8 - 10%	0 - 4	Gr, L	Fr, SS, SP	B	M: Y/B & Blk Mn C: Chroma 2 4 - 23"	>37"	---	N/A	F-C: WR inclus. 10 - 23"	US	---
		4 - 23	Wk, Sbk, SCL &	Sap. mix Fr, SS, SP	M							
		23 - 37	M, C	Vfi, VS, VP, EXP	YB							
		37	Boring terminated									

Description	Initial System	Repair System
Available Space (.0508)	---	---
System Type(s)	---	---
Site LTAR	N/A	N/A
Maximum Trench Depth	N/A	≥36"

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): US
Other(s) Present: H. Ray
Site Classification (.0509): ---

COMMENTS: Repair soil & site evaluation. Out of the areas investigated, the area of soil boring #3 appears to be least restrictive. This coincides with prior soil borings by H. Ray. Recommend using a 36"+ trench depth for repair.

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 4/24/2024

PROPERTY INFO
Address: 11124 Mountain Island Dr. E.
PID No.: 02323123

1 in = 50 ft

N

Mecklenburg County
Groundwater & Wastewater Services

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 #: 45013 Permit #: 14596 Tax Parcel #: 023-23-123

Property Owner: Joseph & Sherry Hozach

Job Location Address: 11124 Mountain Island Dr E

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date:** 4-25-24

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 4-25-25. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 360 GPD Site LTAR: 0.5 * See PPS Sheet GPD/ft²

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

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: 36 inches

Bed Width: Vary feet Starts 5' End 15' wide

Total line length: 50 feet

# of Lines: 2 @ 50 feet

Depth of Media: 30" inches (Type) 6" Sand 24" Stone

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 15 feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: 50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached

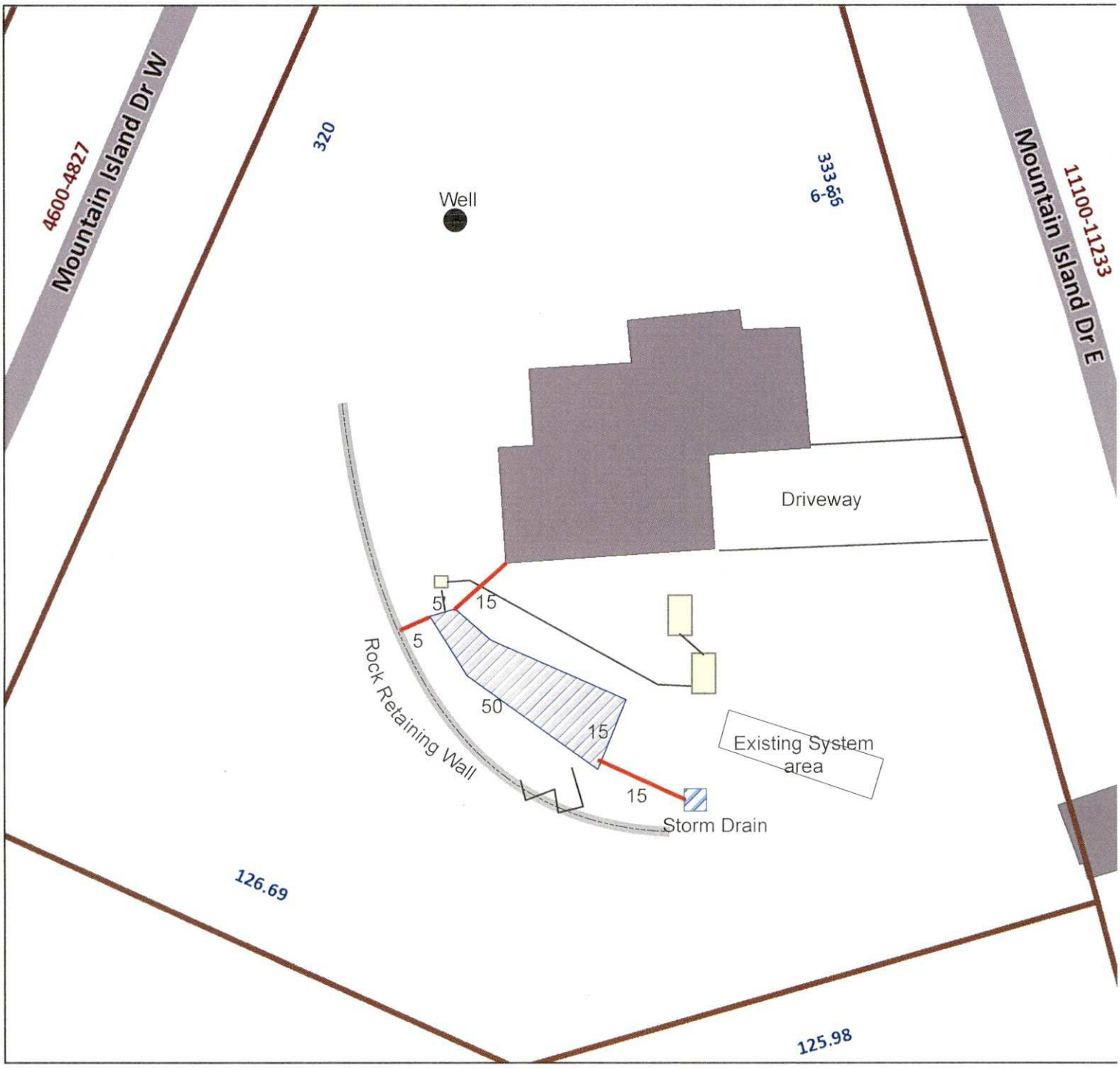
Site Plan

Comments: System Classification & Type: Contact Heather Ray for Preconstruction meeting

Authorized Agent: Heather Ray Signature: Heather Ray

Owner Signature: Joseph Hozach Date: 4/26/2024

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:14595
PID #:02323123
File #:4501B

Authorized Agent: Heather Ray Date: 4-25-24

Owner/ Legal Agent: Julio Hart Date: 4/26/2024

1 inch = 30 fee

LHD PERMIT NO. OR FILE REF: 4501 B

OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by owner of property or owner's legal representative

DATE: 04-25, 2024

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): Joseph & Sherry Hozack

Business/Organization/Contact:

Mailing Address: 11124 Mountain Island dr E

City: Charlotte State: NC Zip Code: 28214 County: Meck

Telephone Number(s): 704-526-8013

Email Address:

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 023 23 123

Physical Address (if different than mailing address):

City: State: NC Zip Code:

OWNER ATTESTATION

I, X JOSEPH O. HOZACK, hereby request the use of best professional judgment in accordance
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: Date: 4/26/2024

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

LHD PERMIT NO. OR FILE REF: 4501B

BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS
IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

SITE LIMITATIONS – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☑ Rule .0503 – Soil Morphology
- ☑ Rule .0504 – Soil Wetness Condition
- ☑ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ☑ Rule .0508 – Available Space
- ☐ Other Rule(s) (please specify):_____

PLEASE CHECK THE FOLLOWING WHEN COMPLETED:
(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

- ☑ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ☑ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ☑ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ☑ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

Heather Reu — **Signature of Authorized Agent**

4-25-24 — **Date**

OR

AOWE/PE SIGNATURE (if applicable)

Signature of AOWE/PE | **License Number** | **Date**

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

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 #: 4501b Permit #: 14595 Tax Parcel #: 02323123

Property Owner: Joseph & Sherry Hoach

Job Location Address: 11124 mountain island dr e

City: Charlotte State: nc Zip Code: 28214

Operation Permit Issuance Date: 6/6/24 Contractor Name: Chris Hedrick

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: existing gallons Tank Manufacture shoaf Effluent Pump Model: liberty

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

Bed Depth: 36 inches

Bed Width: 5' -15' feet

Total line length: 100 feet

# of Lines: 2 @ 50 feet

Depth of Media: 30" inches (Type) Stone & Sand

Depth of Cover: 8"+ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 12 feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: 50 feet

Inspection Dates

Tank(s) Inspected: 6/6/24

Excavation Inspected: 6/6/24

Pump & Controls Inspected: 6/7/24

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed as designed
See IP

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: IIIb/stone & sand/ P/NA/NA

DENR Authorized Agent: Heather Ray Signature: _____

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 4501b Permit #: 14595 Tax Parcel #: 02323123

Property Owner: Joseph & Sherry Hoach

Job Location Address: 11124 mountain island dr e

City: Charlotte State: nc Zip Code: 28214

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: IIIB

*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 Ray Date: 6/7/24

Signature: Heather Ray