SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 756

Assigned Inspector: Bryan

☐ 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: 8/28/24

☐ Release final hold in Winchester: _____

Comments: file Complete

LHD PERMIT NO. OR FILE REF: 14844

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)

Bryan Davenport
Signature of Authorized Agent

8/12/24
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.*

7560 / 14844

7 AUG '24 AM 9:05

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: 19702120
STREET ADDRESS: 13009 Clover Bottom Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Fox Hollow
LOT #: _____ LOT SIZE (acres): _____
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: 2000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
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? June 1994 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Jeffrey L. Hinson
ADDRESS: 13009 Clover Bottom Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: same
MOBILE PHONE: 704-619-9560
FAX: N/A
E-MAIL: JeffLHinson@AOL

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:

The information in this application is correct and dated. If 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 staking 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 or is non-expiring depending upon the documentation submitted: complete site plan or incomplete, complete plan respectively.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

The information in this application is correct, unchanged, 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 staking 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.

_____ 8/6/24

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: _____

CWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1690, FAX: 704-336-6824 Email: Wellreq@MecklenburgCountyNC.gov

Revised 05/2017

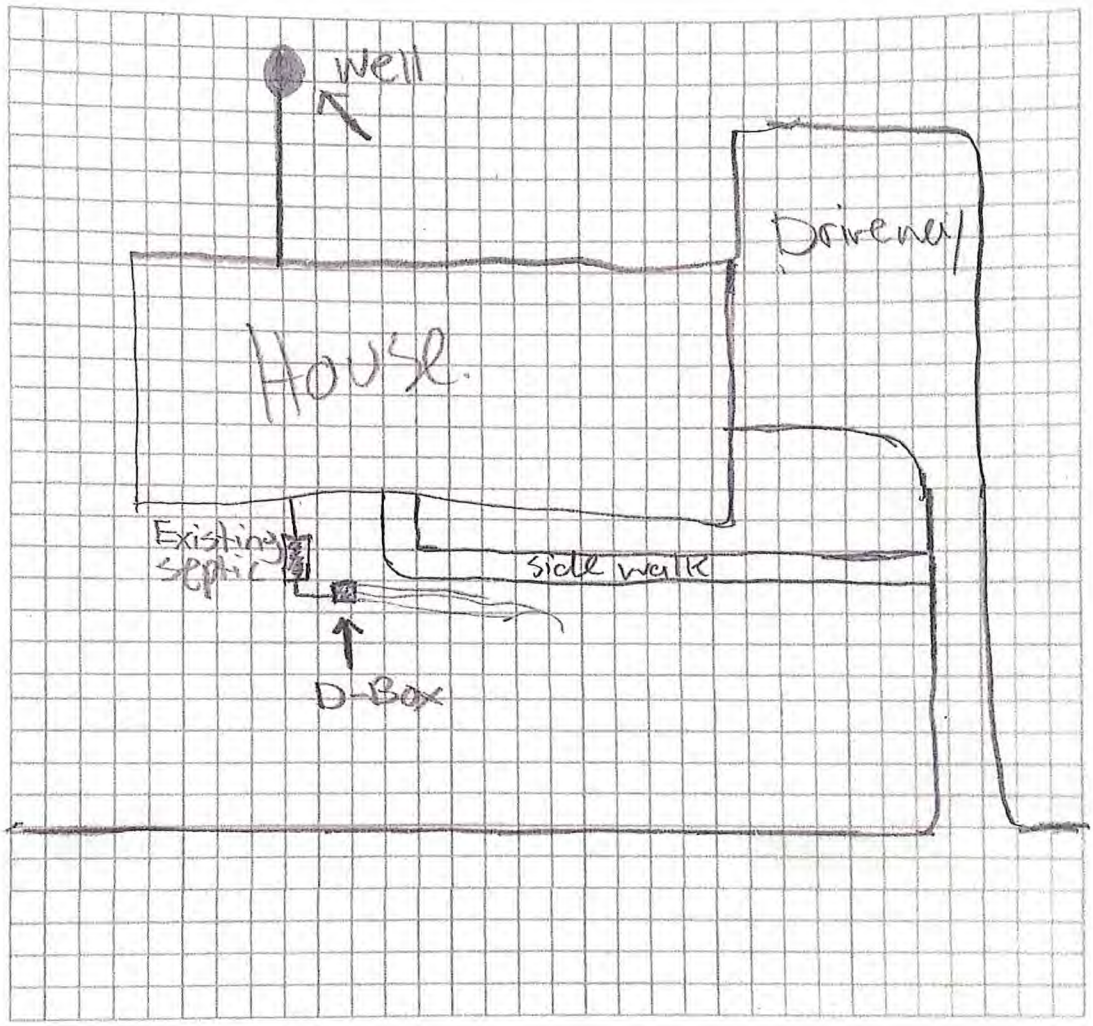
Page # _____

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: 13009 Clover Bottom Dr Tax Parcel #: 19702120

Subdivision Name: Fox Hollow Lot #: _____



Property Owner's or Owner's Legal Representative Signature Date: 8/6/24

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
4205 Freedom Drive, Suite 9400, Charlotte, NC 28208
OFFICE: 980-314-1680 FAX: 704-336-8914 Email: ...@MecklenburgCountyNC.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 97-021-20
COUNTY: Meck

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Jeff Hinson
ADDRESS: 13009 Clover Bottom Dr
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: _____

APPLICATION DATE _____
DATE EVALUATED: 8/9/24
PROPERTY SIZE: _____
PROPERTY RECORDED: 1976

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 2%	0-48	CL, SS, SP, Fr	, Sexp		48	48	748	.25
			sap inclusions						
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		11a
Site LTAR		.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryan Davenport
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

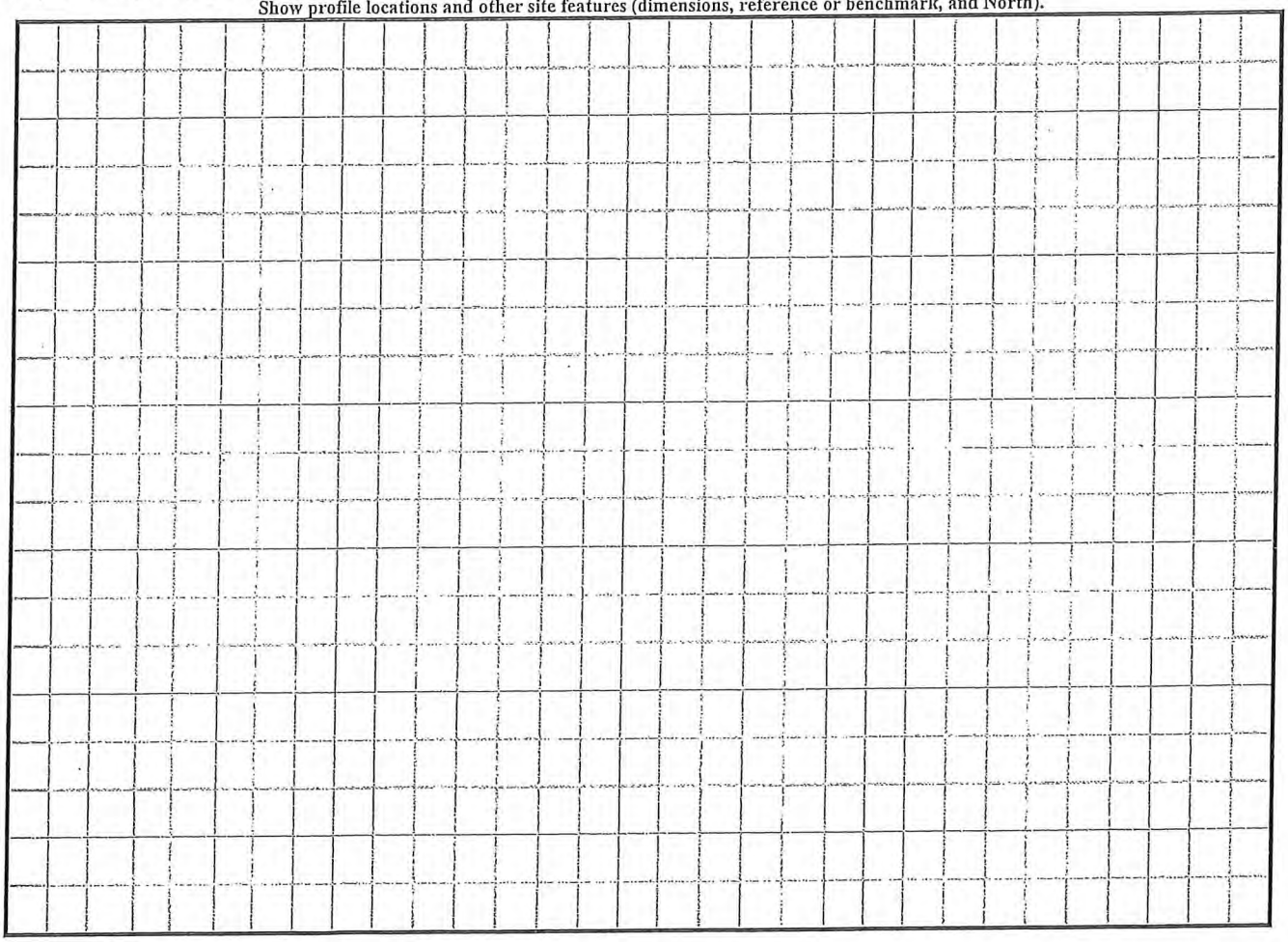
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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 #: 756 Permit #: 14844 Tax Parcel #: 197-021-20

Property Owner: Jeff Hinson

Job Location Address: 13009 Clover Bottom Dr

City: Mint Hill State: NC Zip Code: 28227

Improvement Permit Issuance Date: ~~8/13/24~~ **Construction Authorization Issuance Date:** 8/13/24

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 _____. 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: 480 GPD Site LTAR: .25 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: NA 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 6 inches of sand

Bed Width: 12 feet

Total line length: 63 feet

# of Lines: 1 @ 63 feet

Depth of Media: 24 inches (Type) Stone

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

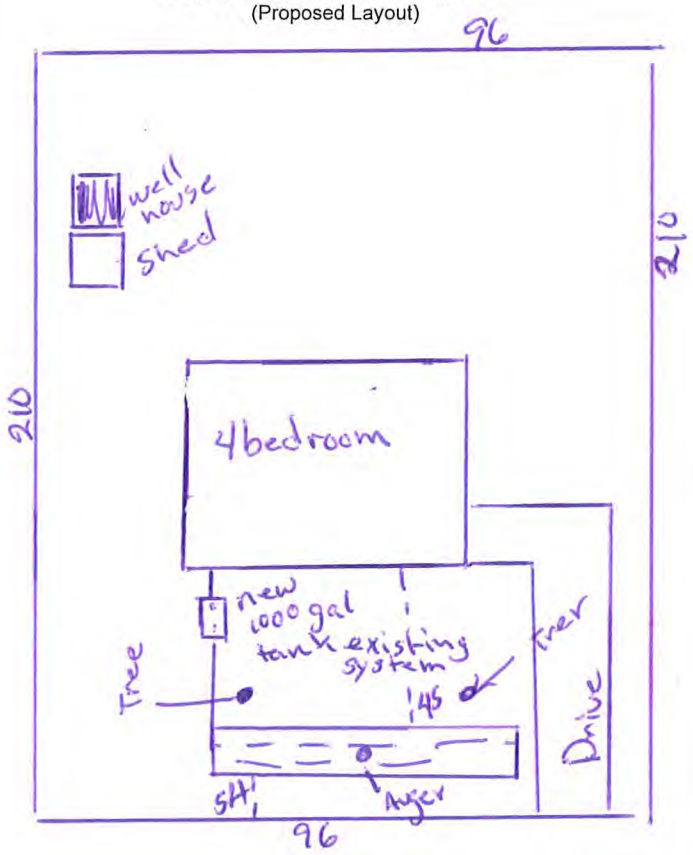
Minimum System Setbacks

Distance from Building Foundation: 8 feet

Distance from Property Line: 5ft feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa /G/NA/NA GBD

Authorized Agent: Bryan Davenport Signature: Bryan Davenport 8/9/24

Owner Signature: _____ Date: _____

Jeff L Hinson @ AOL.com

LHD PERMIT NO. OR FILE REF: 14844

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)

Bryan Davenport
Signature of Authorized Agent

8/12/24
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.

LHD PERMIT NO. OR FILE REF: 14894

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

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

DATE: 8-12, 20

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): Jeff Hinson

Business/Organization/Contact:

Mailing Address: 13009 clover Bottom Dr

City: Mint Hill State: NC Zip Code: 28227 County: Meck

Telephone Number(s): 704-619-9560

Email Address: jeffHinson@AOL.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 197-021-20

Physical Address (if different than mailing address):

City: State: NC Zip Code:

OWNER ATTESTATION

I, X Jeffrey L. Hinson, hereby request the use of best professional judgment in accordance 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 Printed Name

Owner's Signature: Date: 8/13/24

**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: 14844

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: 8-12, **20**_____

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): Jeff Hinson

Business/Organization/Contact: _____

Mailing Address: 13009 clover Bottom Dr

City: Mint Hill State: NC Zip Code: 28227 County: Meck

Telephone Number(s): 704-619-9560

Email Address: jeffHinson@AOL.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 197-021-20

Physical Address (if different than mailing address): _____

City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

I, X, 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: _____

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
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 #: 756 Permit #: 14844 Tax Parcel #: 197-021-20

Property Owner: Jeff Hinson

Job Location Address: 13009 Clover Bottom Dr

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 8/28/24 **Contractor Name:** MKB

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1000 gallons 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: ____

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

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 63 feet

# of Lines: 1 @ 63 feet

Depth of Media: 24 inches (Type) #57 stone & in sand

Depth of Cover: 6 inches

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other ____

System Installation Setbacks

Distance from Building Foundation: 11 feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 10 feet

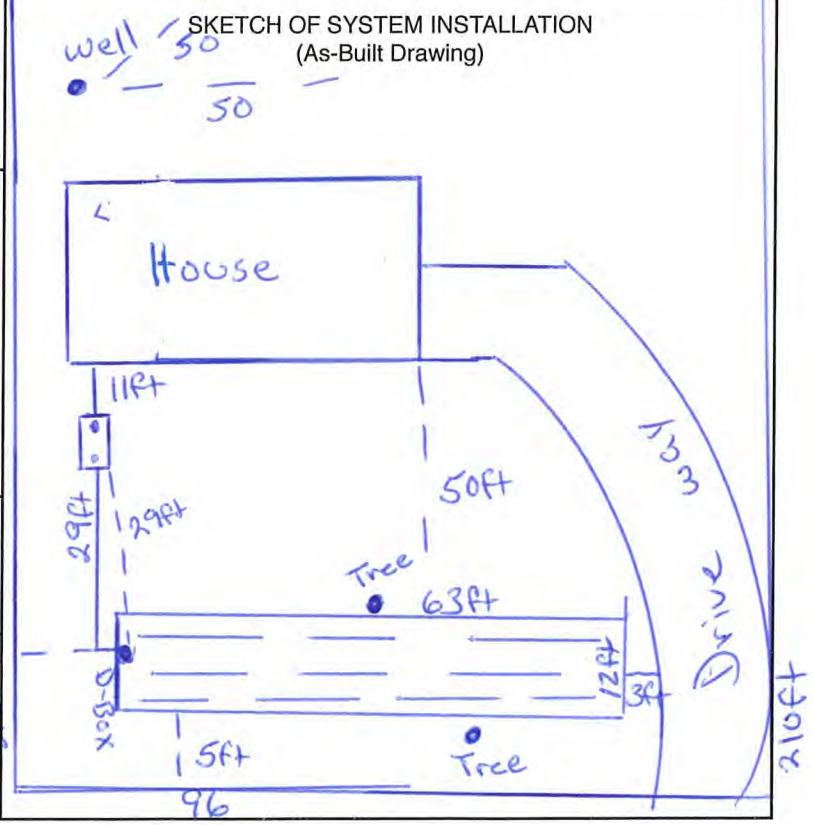
Inspection Dates

Tank(s) Inspected: 8/21/24

Excavation Inspected: 8/21/24

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operated 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: IIb / G / NA / NA GBD

DENR Authorized Agent: Byron Davenport Signature: Byron Davenport

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 #: 756 Permit #: 14844 Tax Parcel #: 197-021-20

Property Owner: Jeff Hinson

Job Location Address: 13009 Clover Bottom Dr

City: Mint Hill State: NC Zip Code: 28227

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: IIb

*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.

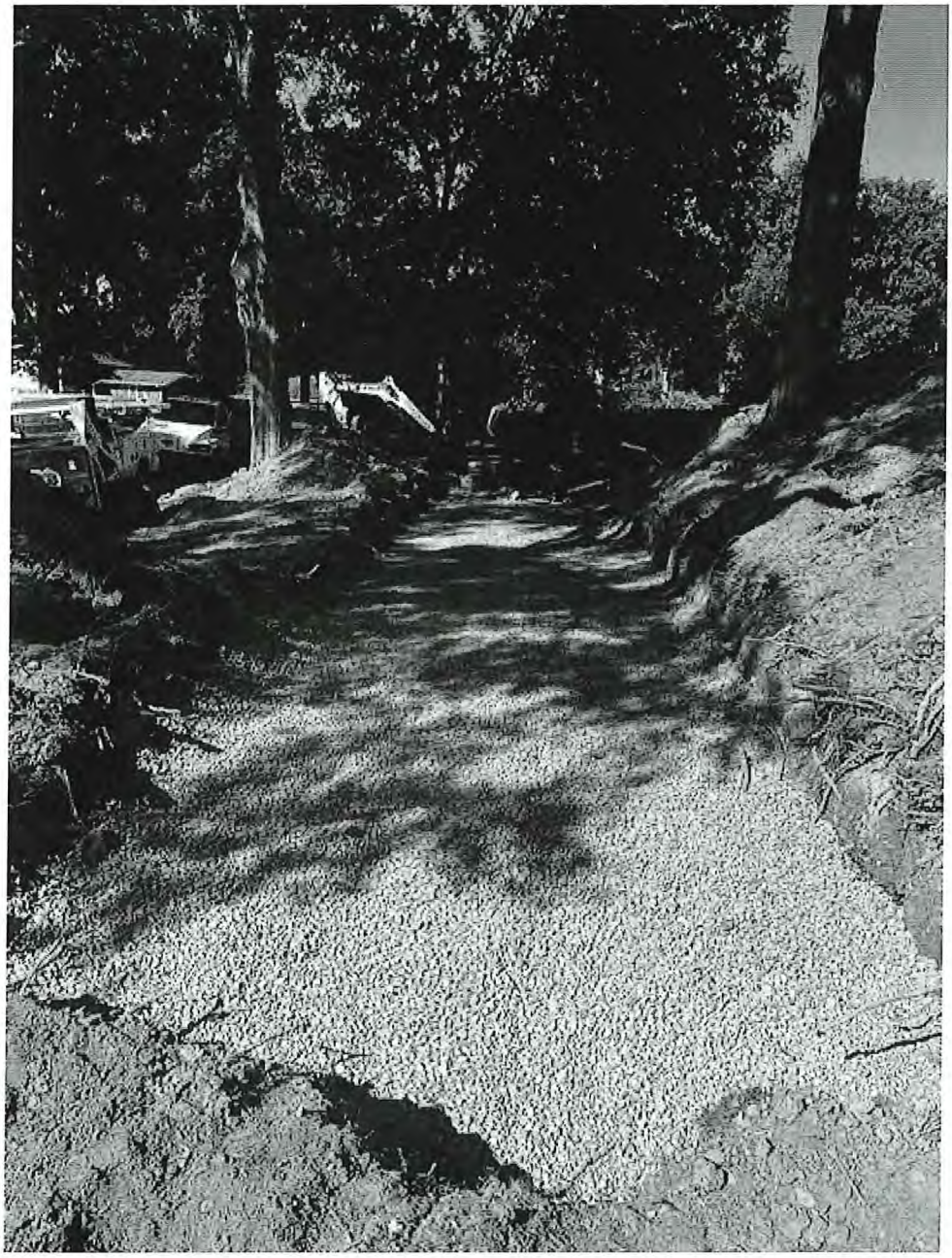
V. Other: BPJ permit

DENR Authorized Agent: Bryan Davenport Date: 8/28/24

Signature: Bryan Davenport

Davenport, Bryan C.

From: Davenport, Bryan C.
Sent: Wednesday, August 28, 2024 9:29 AM
To: Davenport, Bryan C.





Sent from my iPhone

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 # 756 App# 148414 Tax Parcel# 197-021-20

Property Owner: Jeff Hinson

Job Location Address: 13009 Clover Bottom Dr

City: Mint Hill State: NC Zip Code: 28227

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: Customer signed BPJ form

*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.**

Bryan Davenport
Authorized Agent

8/28/24
Date

MKB
Others Present