Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 9022B Permit #: _____ Tax Parcel #: 111 23305

Property Owner: L L N Flowe

Job Location Address: 13403 Albemark Rd

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 08/29/2014 Contractor Name: McCarver

Permitted Design Flow: 440 GPD

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: NA gallons

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: 6 feet

Total line length: 200 feet

# of Lines: 2 @ 100 feet

Depth of Media: 12 inches (Type) Quick III

Depth of Cover: 24 inches

Distribution Device: D-Box

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: >10 feet

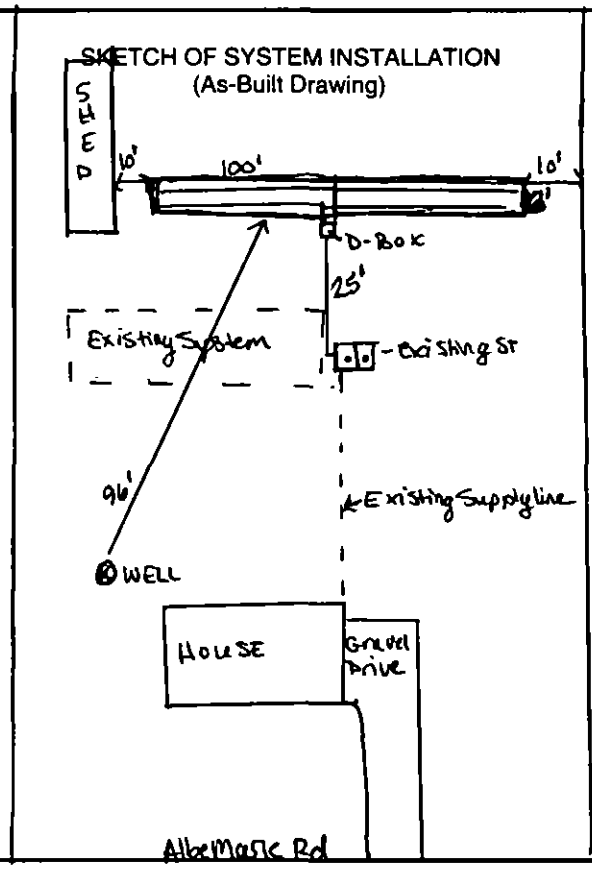
Inspection Dates

Tank(s) Inspected: existing

Excavation Inspected: NA

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 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: III/g/na/na Quick 4/g/na/na

DENR Authorized Agent: Shelby Hedford Signature: Shelby Hedford

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

File #: 9022B Permit #: _____ Tax Parcel #: _____

Property Owner: L M Howe

Job Location Address: 13405 Albemarle Rd

City: Charlotte 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: IIIg

*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: Shelby Ledford Date: 8/29/14

Signature: Shelby Ledford

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# INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 9022B Permit #: _____ Tax Parcel #: _____

Property Owner: Mark Howe

Job Location Address: 13403 Albemarle Rd

City: Charlotte State: NC Zip Code: 28227

**Installation Approval Issuance Date:** 08/27/14

*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 approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval shall be null and void. 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: 240 GPD Site LTAR: 0.3 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: _____ 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: 6 feet

Total line length: 200 feet

# of Lines: 2 @ 100 feet

*Depth of Media:* 12 *inches (Type)* III

Distribution Device: D-box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

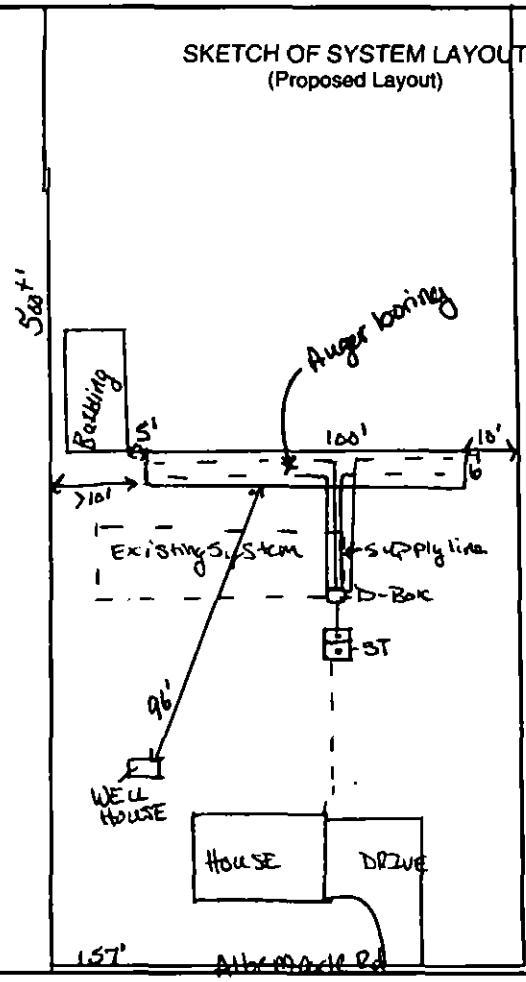
Minimum System Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 250 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: III/g/na/na

* Replace D-Box

DENR Authorized Agent: Shelby Ledford Signature: Shelby Ledford

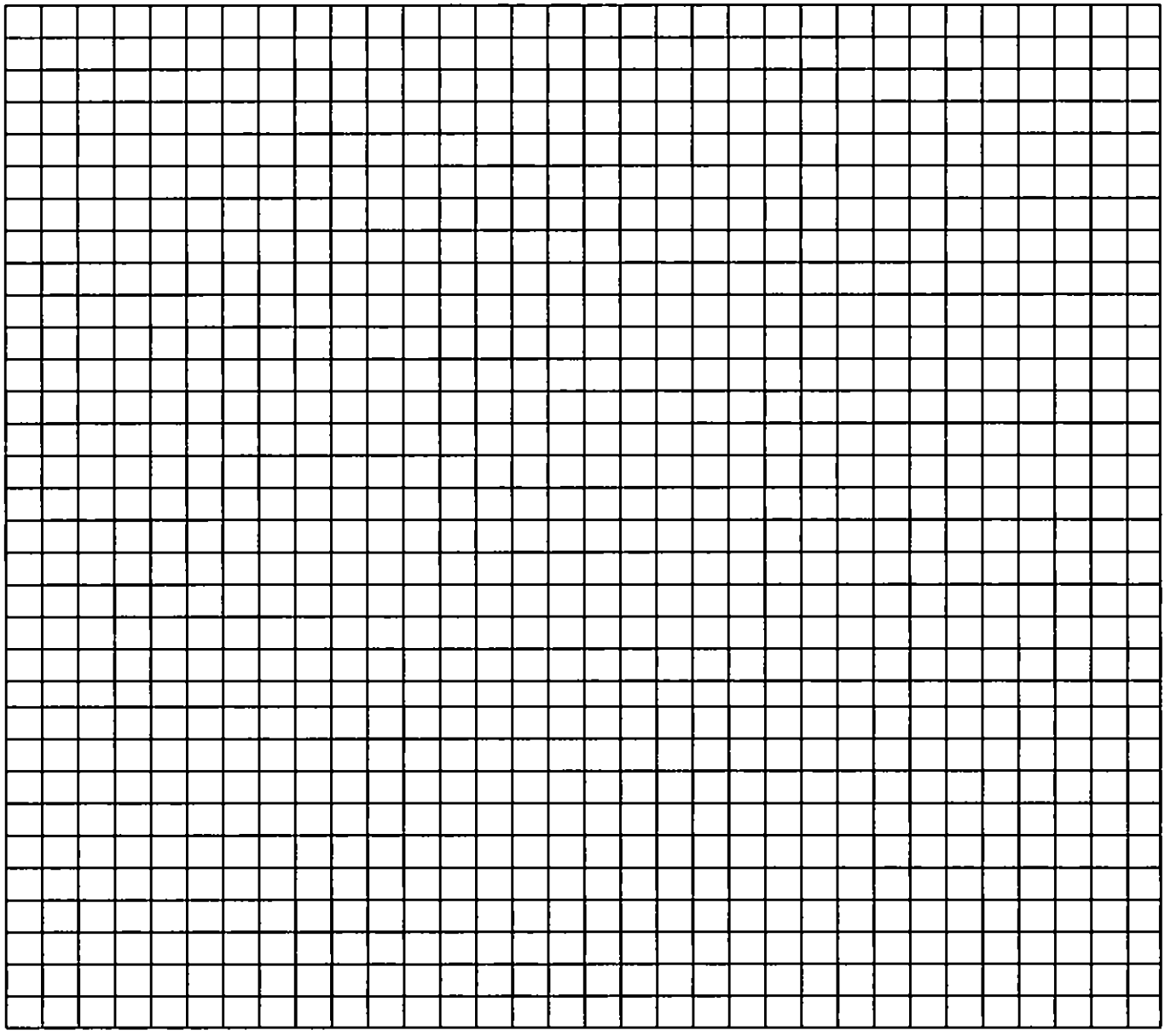
File #: _____

## 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 #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature 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

DENR/DEH

ON-SITE WASTEWATER SECTION

247

Sheet ___ of ___
PROPERTY ID #: 112330
COUNTY: Meck

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Mark Flowe
APPLICATION DATE: 8/27
ADDRESS: 13403 Albemarle Rd
DATE EVALUATED: 8/27
PROPOSED FACILITY: 2 bedroom
PROPOSED DESIGN FLOW (.1949): 240 g/d
PROPERTY SIZE: ___
LOCATION OF SITE: listed above
PROPERTY RECORDED: ___
WATER SUPPLY: • Private • X Public X Well • Spring • Other ___
EVALUATION METHOD: • X Auger Boring • Pit • Cut
TYPE OF WASTEWATER: • X Sewage • Industrial Process • Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPROL CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS 5% | 0-3 | gr CL | SS,SP,SBK,FR | NA | 48 | NA | NA | PS 0.3 IV |
| | | 3-48 | WBK C | SS,SP,SBK FR | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | PS |
| System Type(s) | | III |
| Site LTAR | | 0.3 |

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Shelby Lockford
OTHER(S) PRESENT: Brad Hallmen

COMMENTS: ___

| APE N/ | HORIZON/ DEPTH (IN) | SOIL MORPHOLOGY (1941) | | OTHER PROFILE FACTORS | | | | |
|---|---|---|---|---|---|---|---|---|
| | | 1941 STRUCTURE/ TEXTURE | 1941 CONSISTENCE/ MINERALOGY | 1942 SOIL WETNESS/ COLOR | 1943 SOIL DEPTH | 1956 SAPRO CLASS | 1944 RESTR HORIZ | PROFILE CLASS & LTAR |
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