Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File#: 9690B WASPS App #: 8816

Primary ES assigned to project: Brad Hallman

Secondary ES assigned to project:

Project Type: New System ☐ Alteration ☐ Repair ☑ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 1			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .103	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
130A-336(a)				
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)				
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☒ JAM	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☒ JAM	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: P Wellman Date performed: _____

File 9690B

#8816

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: 187-041-24
STREET ADDRESS: 432 Glen Oaks
CITY: CLT
STATE: NC ZIP: 28270
SUBDIVISION NAME: Robinson Woods
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: _____
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: N/A NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: N/A

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?** Pre. 1977 ☒ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Phillip Comer
ADDRESS: 432 Glen Oaks Rd
CITY: CLT
STATE: NC ZIP: 28270
WORK PHONE: 704 737-8238
MOBILE PHONE: N/A
FAX: _____
E-MAIL: phillipc@mac.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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.

_____ 3/14/17

Property Owner's or Owner's Legal Representative Signature — Date

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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

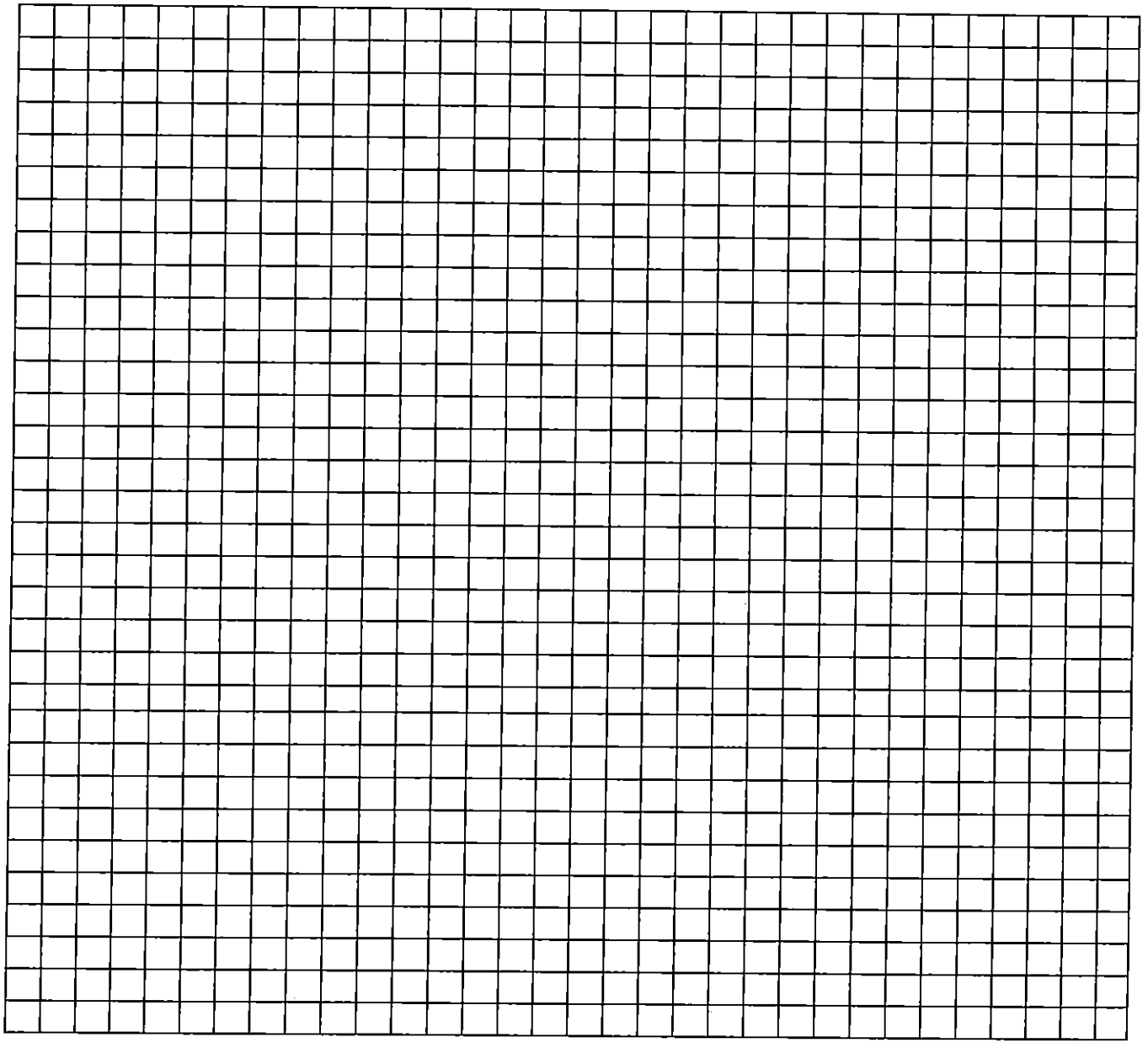
File #: _____

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 #: _____

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
Property ID: 187-041-24
Lot #:
File #: 9690B
Code:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

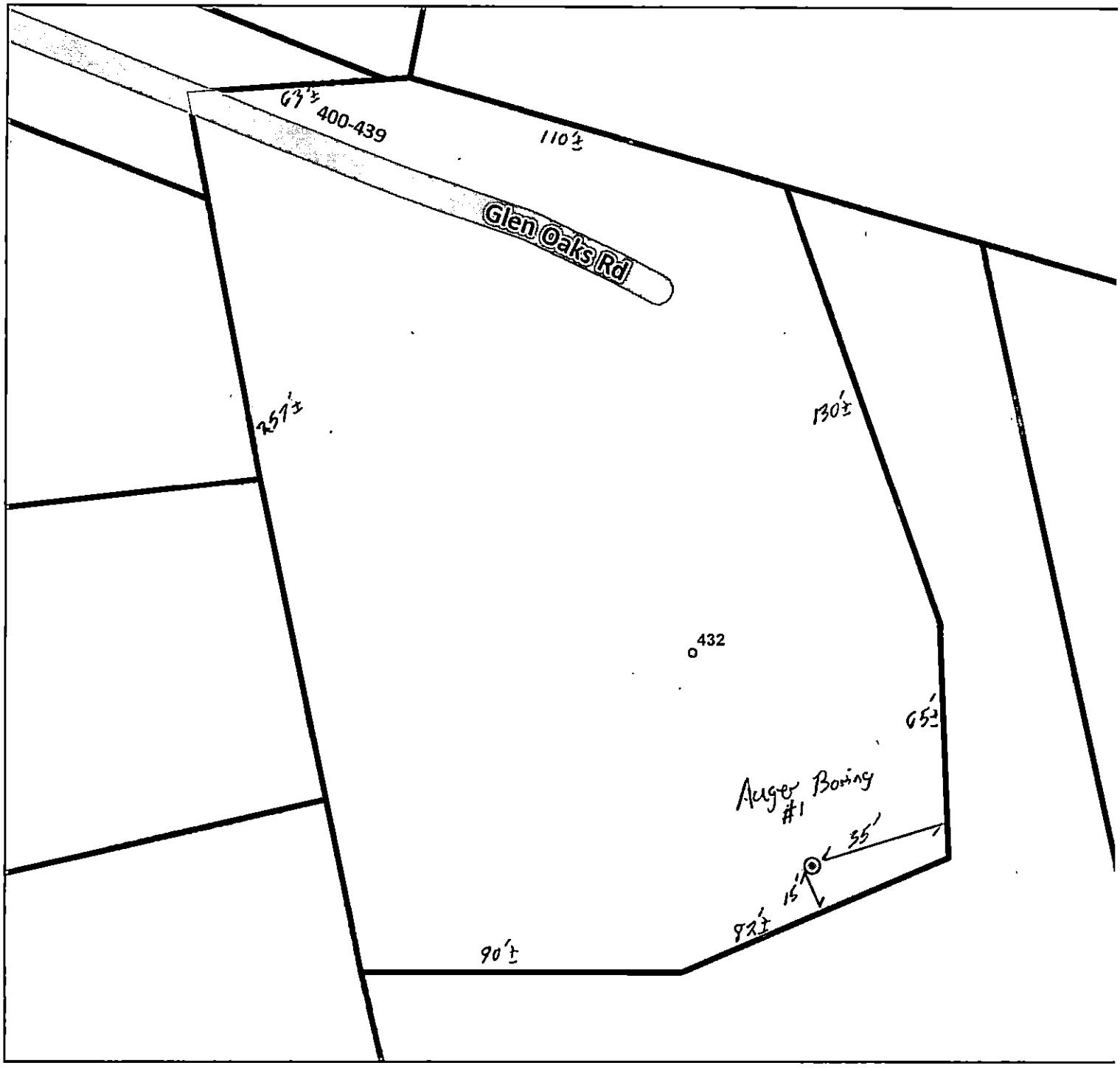
Owner: Phillip & Patty Comer
Applicant: Same
Address: 432 Glen Oaks Rd
Date Evaluated: 3/14/2017
Proposed Facility: SFR
Design Flow (.1949): 480 gpd
Property Size:
Location of Site: Same
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Augur Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L/3%	0-8	Cl/wsbk	ss/np/vfr/sexp			NA	NA	PS/0.3
		8-48	C/sbk	ss/sp/fr-fi/sexp	Some relic noted		NA	NA	

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		Iia
Site LTAR		0.3

Other Factors (.1946):
Site Classification (.1948): PS
Evaluated By: Bradley W Hallman
Others Present:

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:1000
PID #:187-041-24
File #:9690B

Authorized Agent: _____ Date: _____

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

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 #: 9690 B Permit #: 8816 Tax Parcel #: 187-041-24

Property Owner: Phillip Comer

Job Location Address: 432 Glen Oaks Dr

City: Charlotte State: NC Zip Code: 28270

Improvement Permit Issuance Date: 3/14/17 **Construction Authorization Issuance Date** 3/14/17

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: .3 GPD/ft² (For new installations only.)

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

Bed Width: 12' feet

Total line length: 90 feet

# of Lines: 4 @ 90 feet

Depth of Media: 18" inches (Type) IIa Stone/Tire Chp

Distribution Device: D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5' min feet

Distance from Property Line: 5' min feet

Distance from Water Supply Source: 10' Public feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

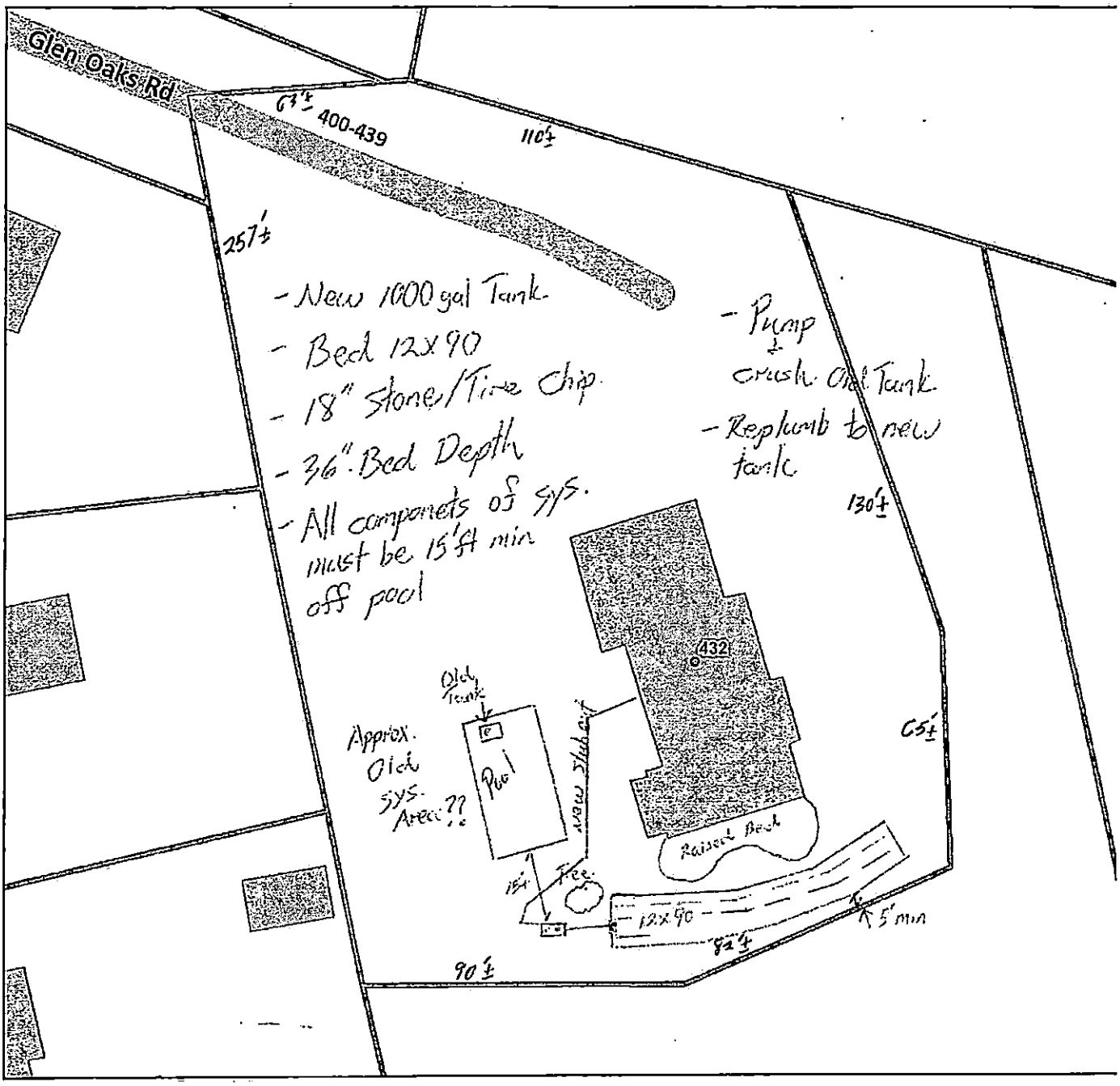
See Attached Site Plan

Comments: System Classification & Type: IIa 18" Stone/Tire Chp.

Authorized Agent: Bradley W. Hallman Signature: [signature]

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:1000
PID #:187-041-24
File #:9690B

Authorized Agent: Bradley W. Holloman Date: 3/14/17

Owner/ Legal Agent: Date: 3.17.2017

1 inch = 40 fee

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 #: 9690 B Permit #: 8816 Tax Parcel #: 187-041-24

Property Owner: Phillip Comer

Job Location Address: 432 Glen Oaks Dr

City: Charlotte State: NC Zip Code: 28270

Improvement Permit Issuance Date: 3/14/17 **Construction Authorization Issuance Date** 3/14/17

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

Permitted Design Flow: 480 GPD Site LTAR: .3 GPD/ft² (For new installations only.)

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

Bed Width: 12' feet

Total line length: 90 feet

# of Lines: 4 @ 90 feet

Depth of Media: 18" inches (Type) IIa Stone/Tire Chp

Distribution Device: D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5' min feet

Distance from Property Line: 5' min feet

Distance from Water Supply Source: 10' Public feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

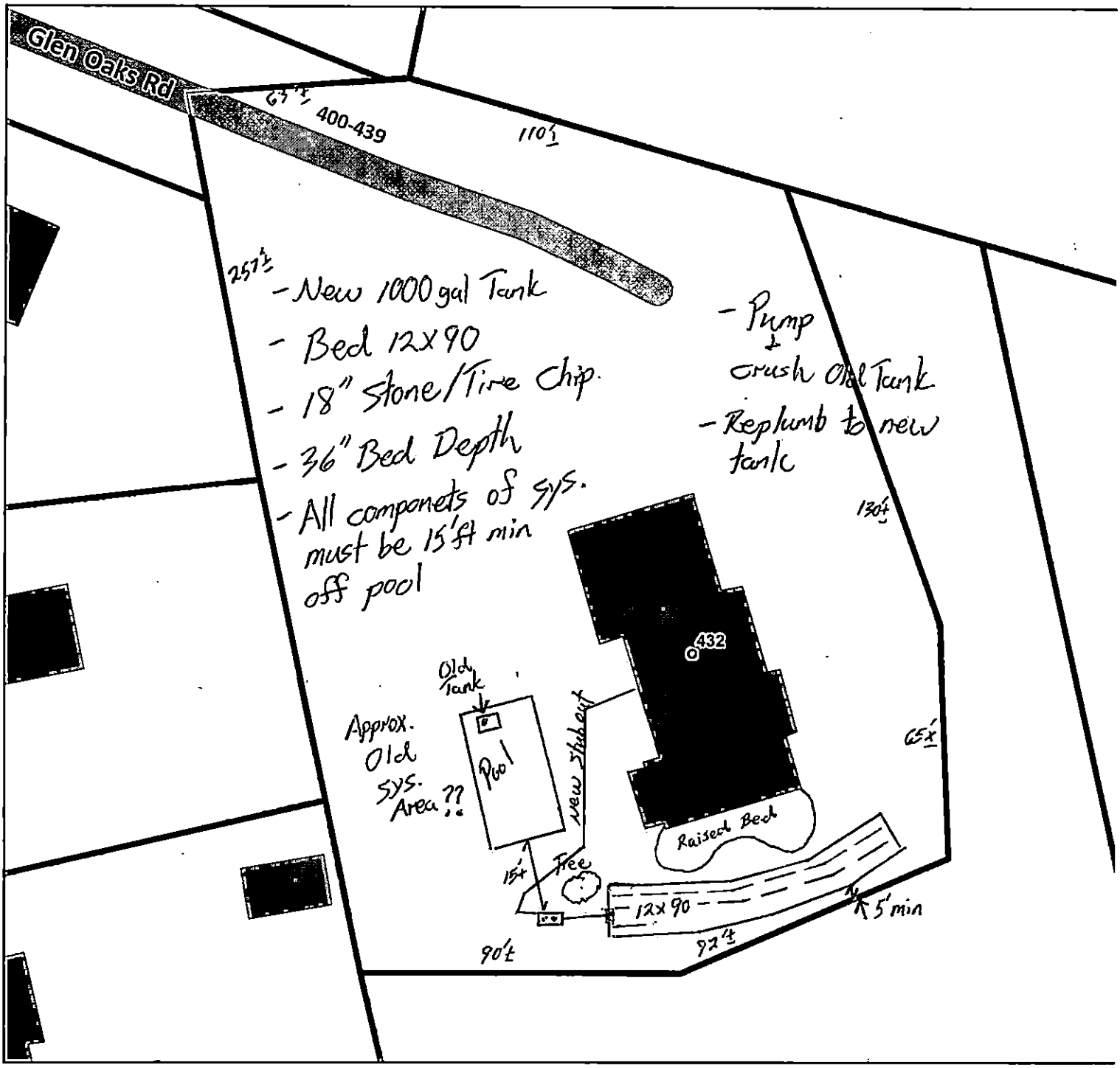
See Attached Site Plan

Comments: System Classification & Type: IIa 18" Stone/Tire Chp.

Authorized Agent: Bradley W. Hallman Signature: _____

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:1000
PID #:187-041-24
File #:9690B

Authorized Agent: Bradley W. Hallman Date: 3/14/17

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

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 #: 9690 B Permit #: 9816 Tax Parcel #: 187-041-24

Property Owner: Phillip Comer

Job Location Address: 432 Glen Oaks Dr

City: Charlotte State: NC Zip Code: 28270

Improvement Permit Issuance Date: 3/14/17 **Construction Authorization Issuance Date** 3/14/17

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: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 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: 12' feet

Total line length: 90 feet

# of Lines: 4 @ 90 feet

Depth of Media: 18" Inches (Type) IIa Stone/Tire Chip

Distribution Device: D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5' min feet

Distance from Property Line: 5' min feet

Distance from Water Supply Source: 10' Public feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See Attached Site Plan

Comments: System Classification & Type: IIa 18" Stone/Tire Chip

Authorized Agent: Bradley W. Hallman Signature: [signature]

Owner Signature: [signature] Date: 3.15.2017

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 9690 B Permit #: 8816 Tax Parcel #: 187-041-24

Property Owner: Phillip Comer

Job Location Address: 432 Glen Oaks Dr

City: Charlotte State: NC Zip Code: 28270

Operation Permit Issuance Date: 4/17/17 Contractor Name: Stanley Env.

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

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Dellinger STB794 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: 170 LF feet

# of Lines: 2 @ 85 feet

Depth of Media: 18" inches (Type) IIa TCP

Depth of Cover: 18" 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: P.W. 10'± feet

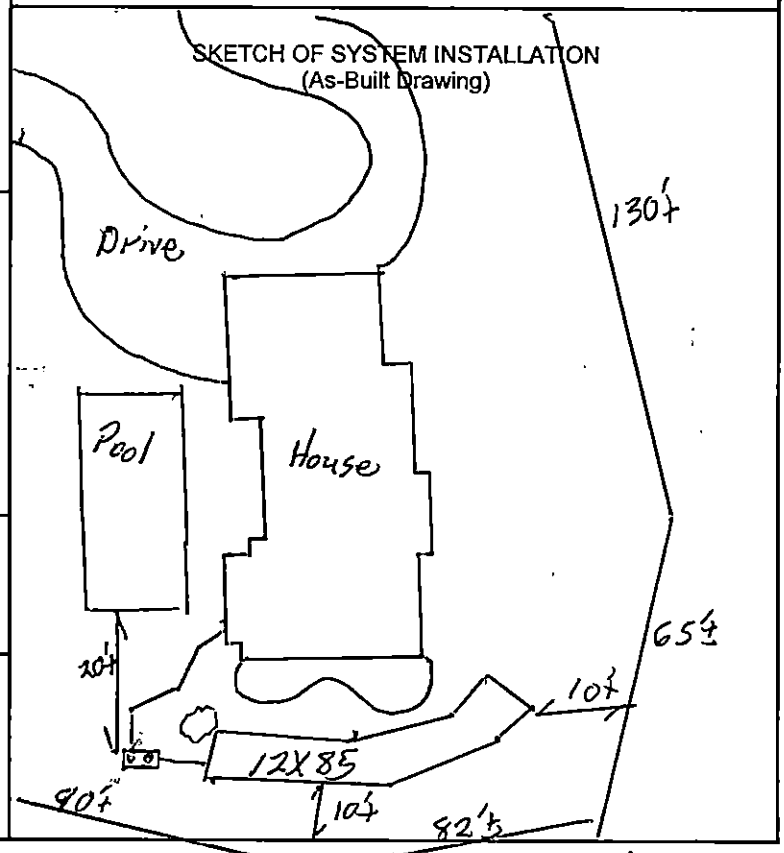
Inspection Dates

Tank(s) Inspected: 4/13/17

Excavation Inspected: 4/17/17

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: IIa TCP / G / NA / NA

Not Repair doesn't constitute area required for 4BDR or 1180gpd.

DENR Authorized Agent: Bradley W. Hellman Signature: _____

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 #: 9690B Permit #: 8816 Tax Parcel #: 187-041-24

Property Owner: Phillip Comer

Job Location Address: 432 Glen Oaks Dr

City: Charlotte State: NC Zip Code: 28270

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: IIa TCP

*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: Bradley W. Hallman Date: 4/17/17

Signature: