SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC A2

IP & CA

File Number: 11990B / 14780

Assigned Inspector: Patrick / Bryan

☒ IP & CA $180.00: AO 7/12/24 Initial/Date

☒ OP $200.00: AO 7/12/24 Initial/Date

☐ ~~Send IP permit for signature~~: _____ ☐ ~~Signature received:~~ _____

☐ Floor plans reviewed

☒ Generate CA ☒ Approve as Noted in Winchester → no hold in Winchester 7/23/24

☐ 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: 10/23/24

☐ Release final hold in Winchester: _____

Comments:

11990B/14780

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: ~~21526117~~ 215-261-13

STREET ADDRESS: Idlewild Road → 13900 Idlewild Rd

CITY: Matthews

STATE: NC **ZIP:** 28105

SUBDIVISION NAME:

LOT #: **LOT SIZE (acres):** 1.00

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: 2,300

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 8

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? _____ ☑ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Northway Homes LLC
ADDRESS: 1800 Camden Road, Ste 107-240
CITY: Charlotte
STATE: NC ZIP: 28203
WORK PHONE:
MOBILE PHONE: (858) 354-1479
FAX:
E-MAIL: cyrus@northwayhomes.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Larry Thompson
ADDRESS: PO Box 541
CITY: Midland
STATE: NC ZIP: 28173
WORK PHONE:
MOBILE PHONE: (704) 301-4881
FAX:
E-MAIL: larry@thompsonenv.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, 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.

LT (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.

N/A (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

7/10/24
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: $ 380 – DATE FEE RECEIVED: 7/12/24

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 119903

APPLICATION ID NUMBER ASSIGNED: 14780

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

File #: 11990B

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: Idlewild Road Tax Parcel #: 21526117

Subdivision Name: _____ Lot #: _____

SEE ATTACHED SEPTIC PROPOSAL

_____ 6/2/24

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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/12/24	**Amount:**	180.00
Receipt #:	149876	**Tendered:**	180.00
Check / Auth #:	MC 180834	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: OLEG
Attn: LARRY THOMPSON
Address: NORTHWAY HOMES LLC
Address: PO BOX 541
City/State/Zip: MIDLAND, NC 28173

Item	Description	Quantity	Unit Price	Total Price
0789	A2 Session Law IP/CA Combo IDLEWILD RD PID#215-261-17	1	180.00	180.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
520.00	2,737.50				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/12/24
Receipt #: 149877
Check / Auth #: MC 180834
Received By: ORTIZMP

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: OLEG
Attn: LARRY THOMPSON
Address: NORTHWAY HOMES LLC
Address: PO BOX 541
City/State/Zip: MIDLAND, NC 28173

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit IDLEWILD RD PID#215-261-17	1	200.00	200.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
520.00	2,737.50				

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):
☑ Accepted ☐ Conventional ☐ Innovative ☐ Other _____ ☐ Any

☑ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☑ 5-Year Expiration Requested (site plan provided) ☐ Non-Expiring Permit Requested (plat provided, defined in G.S.130A-334(7a)
Requesting DHHS review? (systems >3000 GPD or IPWW) ☐ Yes ☑ No

Applicant: _____
Mailing Address: _____
_____
City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

Owner: Northway Homes
Mailing Address: 1800 Camden Road, Ste 107-240
_____
City: Charlotte
State: NC Zip: 28203
Phone #: 858-354-1479
Email: cyrus@northwayhomes.com

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

☐ Yes	☑ No	Does the site contain any jurisdictional wetlands?
☐ Yes	☑ No	Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes	☑ No	Is the site subject to approval by any other public agency?
☑ Yes	☐ No	Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. ***I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.***

Applicant Signature: _____ Date: _____

Owner's Signature: Cyrus Mojdehi Cyrus Mojdehi (Jul 10, 2024 16:57 EDT) Date: Jul 10, 2024

Permit/File #: 119908

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Mecklenburg

PIN/Lot Identifier: 21526117

Issued To: Northway Homes LLC

Property Location: Ildlewild Road, Matthews, NC 28105

Subdivision (if applicable)_____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Larry Thompson, LSS

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Single-Family Residence

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Design Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

Proposed Wastewater System Type*: Accepted - Type IIIb (Initial) Pump Required: ☑ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: Accepted - Type IIIb (Repair) Pump Required: ☑ Yes ☐ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Saprolite System (Initial): ☐ Yes ☑ No Saprolite System (Repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (Repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Depth to LC (Initial)ˣ: 29 Usable Depth to LC (Repair)ˣ: 29 ˣ ***Limiting Condition***

Max. Trench Depth (Initial)‡: 17 Max. Trench Depth (Repair)‡: 17 ‡ ***Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .0508: Yes ☑ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Licensed Soil Scientist Print Name: Larry Thompson, LSS

Licensed Soil Scientist Signature: _____ Date: 07-10-24

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 119908

This Section for Local Health Department Use Only

Initial submittal received: 7/12/24 (Date) by JM (Initials)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: [signature] Date: 7/18/24

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 7/18/29

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 11990B

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Mecklenburg **Pre-Construction Conference Required:** Yes ☑ No ☐

PIN/Lot Identifier: 21526117

Issued To: Northway Homes LLc

Property Location: Idlewild Road, Matthews, NC 28105

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Larry Thompson (AOWE 10016E)

Facility Type: Single-Family Residence

Number of bedrooms: 4 Number of Occupants: 8 Other:

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Crawl Space? ☐ Yes ☑ No Slab Foundation? ☑ Yes ☐ No

Type of Wastewater System* Accepted - Type IIIb (Initial) Accepted - Type IIIb (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 480 GPD Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other:

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)ˣ: 29 ˣ***Limiting condition***

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth‡: 17 inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): 1,000 gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: 13 ft. TDH vs. 32.7 GPM Grease Trap Size (if applicable): N/A gallons

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☑ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: ☐ Yes ☑ No Declaration of Restrictive Covenants: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☑ No

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements:

Permit conditions:

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Larry Thompson, LSS, AOWE

AOWE/PE Signature: Date: 07-10-24

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 119908

This Section for Local Health Department Use Only

Initial submittal received: 7/12/24 (Date) by JPM (Initials)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☒ Complete

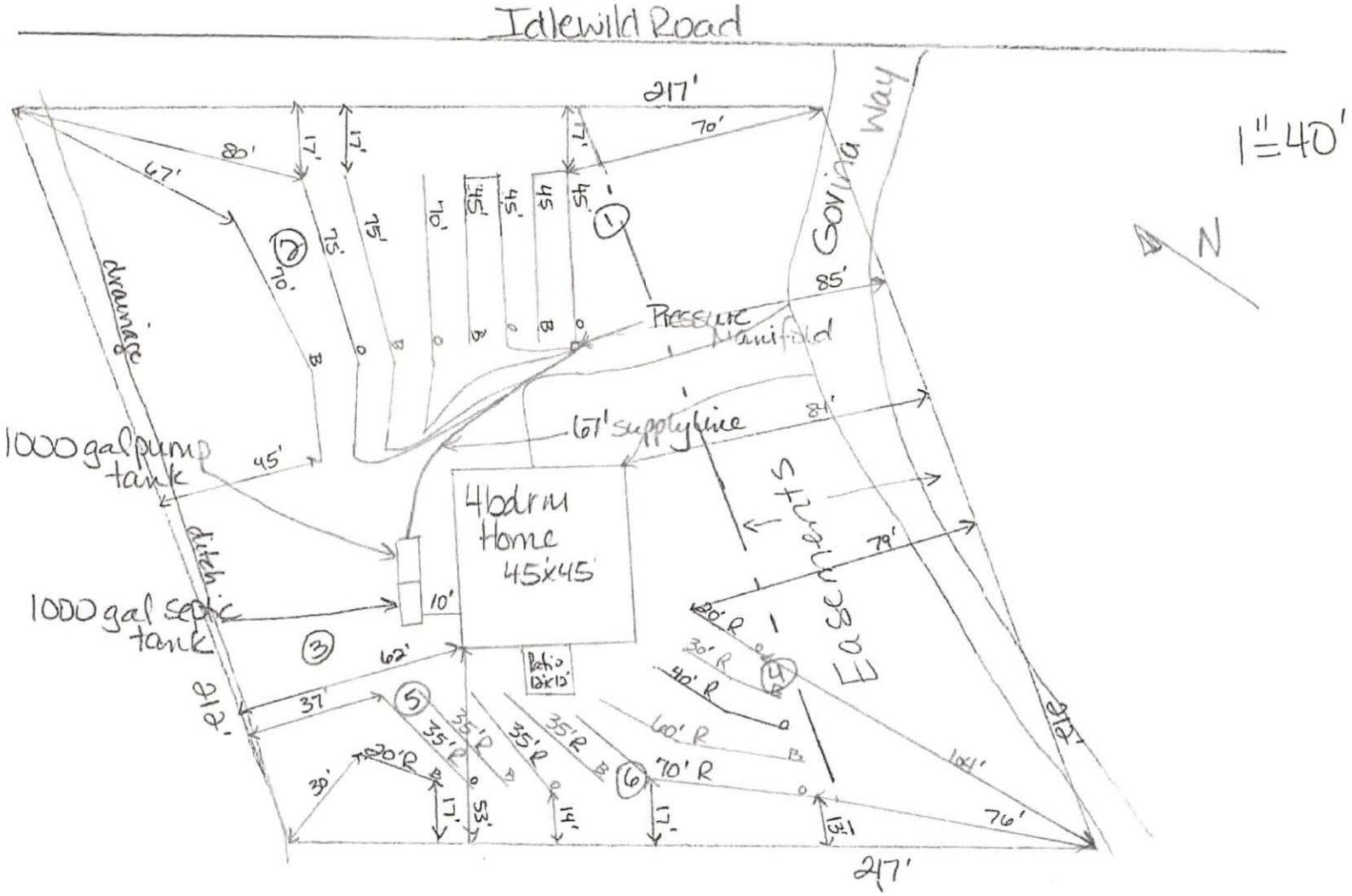
State Authorized Agent: [signature] Date of Issuance: 7/18/24

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 7/18/29

See attached site sketch


Idlewild Road
217'
Govina Way
1"=40'
N
drainage
ditch
1000 gal pump tank
1000 gal septic tank
4bdrm Home 45'x45'
Patio 12'x13'
67' supply line
Pressure Manifold
Easement
217'
88'
47'
70'
85'
79'
81'
62'
37'
76'
53'
14'
13'
10'
45'
30'
40'
60'
70' R
35' R
20' R

AGENT AUTHORIZATION FORM

PROPERTY LEGAL DESCRIPTION:

LOT NO. _____ PHASE _____ PARCEL ID: 21526117

STREET ADDRESS: Idlewild Road

Matthews, NC 28105

Please print:

Property Owner: Northway Homes

Property Owner: _____

The undersigned, registered property owners of the above noted property, do hereby authorize

Larry Thompson, LSS (Contractor / Agent), of Thompson Environmental Consulting (Name of consulting firm)

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this permit or certification and any and all standard and special conditions attached.

Property Owner's Address (if different than property above):
1800 Camden Road, Ste 107-240, Charlotte, NC 28203

Telephone: 858-354-1479

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3).

The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6).

Owner Signature: Cyrus Mojdehi
Cyrus Mojdehi (Jul 10, 2024 16:57 EDT)

Date: Jul 10, 2024

Owner Signature: _____

Date: _____

Residential Subsurface Wastewater Treatment and Disposal System G.S. 130A-335(a2)Proposal

for

Ildlewild Road
Matthews, NC 28105

Tax Parcel # 21526117
July 5, 2024

Prepared for:

Northway Homes LLC
1800 Camden Road, Ste 107-240
Charlotte, NC 28203
858-354-1479



Prepared by:

Larry Thompson, REHS, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
larry@thompsonenv.com



Details

Northway Homes has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare a G.S. 130A-335(a2) permit package for a new 4-bedroom single-family residence to be constructed on Idlewild Road, Matthews, North Carolina (Mecklenburg County Parcel Number: 21526117).

Based upon a soil investigation performed by TEC, it was determined that a sufficient amount of "Suitable" Group IV soils are available for the installation, and repair, of a **Pump to Accepted System** for a 480 gallons per day residence with a 0.3 Long Term Acceptance Rate (LTAR). The property will be served by public water.

The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3), and the plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6).

Location

From Charlotte, take Independence Boulevard to Margaret Wallace Road. Turn left onto Margaret Wallace Road, right onto Sam Newell Road, left onto Williams Road, and right onto Idlewild Road. Turn right onto Govina Way and lot is located on the right.

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18E, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, January 1, 2024.

Accepted Wastewater System No. AWWS-2005-02-R6; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, August 21, 2015.

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
NC Authorized Onsite Wastewater Evaluator No. 10016E
SC Certified Professional Soil Classifier No. 111
NC Subsurface Septic System Operator No. 22199
NC Grade IV Wastewater System Installer No. 1762
NC Certified Wastewater System Inspector No. 1762

Plans and Specifications

A. Septic Tank

1. The septic tank shall be State approved, watertight, structurally sound, and 1,000 gallons in capacity.
2. The septic tank shall be fitted with an approved effluent filter.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tanks have had time to properly cure and are free of cracks or other structural deficiencies.

B. Pump Tank

1. The pump tank shall be State approved, of one-piece construction, watertight, structurally sound and 1,000 gallons in capacity. Again, it is the responsibility of the septic tank contractor to thoroughly inspect each pump tank prior to accepting delivery.
2. All pipe penetrations into the tank shall be booted (i.e., C-293 boot with a stainless-steel strap).
3. The pump tank shall have access risers that extend, at a minimum, 6 inches above finished grade and must have less than 36 inches of fill over its top once finished grade has been established (a reinforced concrete tank will be required if finished soil cover is 36 inches or greater in depth).
4. The pump and alarm controls shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, Nema 4x-rated control panel. Pump and float control wiring should be long enough to reach from the tank to the control panel without splicing, routed through wire conduit, and sealed at the openings within the pump tank as well as the control panel enclosure. It is paramount that the conduit is properly sealed to prevent the escape of flammable gases from the pump tank. Furthermore, there must be two electrical circuits for the pump tank controls: one for the pump and one for the alarm controls.
5. Panel and control equipment shall include lightning protection, be protected from unauthorized access, and always remain accessible to the system operator.
6. The pump removal system will be via a pump tether made of nylon rope or its equivalent. The tether material should be resistant to mildew and rot.

C. Pipe, Fittings and Supply Line

1. All discharge piping, connectors, and supply lines should be made of SCH 40 PVC and fitted with pressure-rated couplings.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.
3. Supply line will be approximately 67 feet long and consist of a 2-inch SCH 40 PVC pipe with pressure fittings.

D. Pressure Manifold

1. A pressure manifold shall be used to distribute wastewater to seven drainlines.
2. The pressure manifold shall be contained within an adequately sized box/vault that will allow future repair lines to be installed and is designed to allow for drainage of effluent that may accumulate in it during flushing and head pressure adjustments. The box should be placed upon a gravel base.
3. A gate valve shall be provided at the pressure manifold box to allow for final pressure adjustment (2 foot of head pressure as per design).
4. The pressure manifold shall be constructed of SCH 80 PVC.
5. There shall be 5 taps - (2) ½ inch Sch. 40 PVC for the 45-foot-long lines and (3) ½ inch Sch. 80 PVC for the (2) 75-ft lines and the 70-ft long line.
6. The connecting pipe between the pressure manifold taps and the drainfield shall be constructed of PVC.

E. Drainfield Installation

1. The drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic.
2. Under no circumstances shall any construction occur within the drainfield area while the soil is wet.
3. The specified system is an accepted wastewater system, specifically the Accepted 25% Reduction Chamber system.
4. **The drainfield consists of seven (7) lateral trenches to be constructed 3-foot wide by various lengths. There will be (4) 45-ft long lines, (1) 70-ft long line, and (2) 75-ft long lines. Total drainline length is 400 feet.**
5. The maximum trench depth for this system shall be **17 inches**.
6. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
7. The trenches should be left open for the final inspection by the local health department.

F. Final Landscaping

1. Final cover over the drainfield shall be at least 6 inches deep. Additional soil cover may be required to achieve the 6-inch requirement.
2. The drainfield shall be shaped to shed rainwater and be free from low spots.
3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary), and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

G. Utility Conflicts

1. The builder and property owner must take special care in planning for water, power, gas, telephone, and cable lines. These utilities shall be kept clear of all parts of the septic system and its proposed repair area. Improper planning for underground utilities can

negatively impact the installation and, in some cases, cause irreparable damage and permit revocation. If there are any questions regarding preferred routes, contact the local health department as soon as possible.

2. Lawn irrigation should not be placed over the drainfield area.

Maintenance

H. In General

1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 25 percent of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
3. When it becomes necessary to clean the effluent filter, the filter should be removed, and the accumulated debris washed back into the septic tank – not onto the lawn.
4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

Design Specifics

Daily Design Flow:	480 GPD – 4 bedroom house
Septic Tank Size:	1,000 Gallons (minimum)
Pump Tank Size:	1,000 Gallons (minimum)
Pump Size:	32.7 GPM at 13-ft TDH
Recommended Dose Volume:	240 Gallons
Pump Run Time:	7.3 Minutes
Pump Tank Drawdown:	11.43 Inches
Distribution Method:	Pressure Manifold
Number and Size of Taps:	5 Taps Total (2) ½ inch Sch. 40 PVC (45-ft Lines) (1) ½ inch Sch.80 PVC (70-ft Line) (2) ½ inch Sch. 80 PVC (75-ft Lines)
Drainfield Type:	Accepted (25% Reduction)

Number of Drainlines:	7 Total (4) 3-ft Wide x 45-ft Long (1) 3-ft Wide x 70-ft Long (2) 3-ft Wide x 75-ft Long
Total Trench Length:	400 Linear Feet
Maximum Trench Depth:	17 Inches
Final Soil Cover Requirement:	6 Inches

Repair Option

Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Accepted (25% Reduction)
Required Linear Footage:	400 Linear Feet
Available Linear Footage:	450 Linear Feet
Maximum Trench Depth:	17 Inches
Final Soil Cover Requirement:	6 Inches

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

PROPERTY ID #: 21526117
COUNTY: Mecklenburg

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

OWNER: Willy Homes Inc DATE EVALUATED: 4/4/2024
ADDRESS:
PROPOSED FACILITY: Res. PROPOSED DESIGN FLOW (.0400): 480 gpd PROPERTY SIZE: 0.97
LOCATION OF SITE: Idlewild Rd PROPERTY RECORDED:
WATER SUPPLY: ☐ Public ☑ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK:
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d SLOPE CORRI CTION
1	L 5	0-2	cl wbk	fissp		32"			S 0.3	-2
		2-32	C sbk	fissp						
		32	Sapp							
2	L 3	0-38	cl wbk	fissp					S 0.3	-1
		38-42	C abk/sbk	ifisp	24+mg					
3	L 5	0-4	cl sbk	fissp					PS 0.1	
		4-15	C sbk	fissp						
		15-20	C abk	vfisp						
4	L 3	0-2	cl wbk	fissp		34"			S 0.3	-1
		2-34	C sbk	fissp						
		34	Sapp							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	Accepted	Accepted
Site LTAR	0.3	0.3
Maximum Trench Depth	17"	17"

SITE CLASSIFICATION (.0509): Suitable
EVALUATED BY: Glenn Strong
OTHER(S) PRESENT: L. Thompson, LSS

LICENSED SOIL SCIENTIST — LARRY B. THOMPSON JR. — 1287 — STATE OF NORTH CAROLINA

Comments:

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

PROPERTY ID #:
DATE OF EVALUATION: 7/3/2024
COUNTY: Mecklenburg

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .0506 SOIL DEPTH	OTHER PROFILE FACTORS .0507 SAPRO CLASS	OTHER PROFILE FACTORS .0508 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
5	L 5	0-46	C SBK	FISSP		46			S 0.3	
		46	SAPP							
6	L 4	0-44	C SBK	FISSP		44			S 0.3	
		44	SAPP							

COMMENTS:

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

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

**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

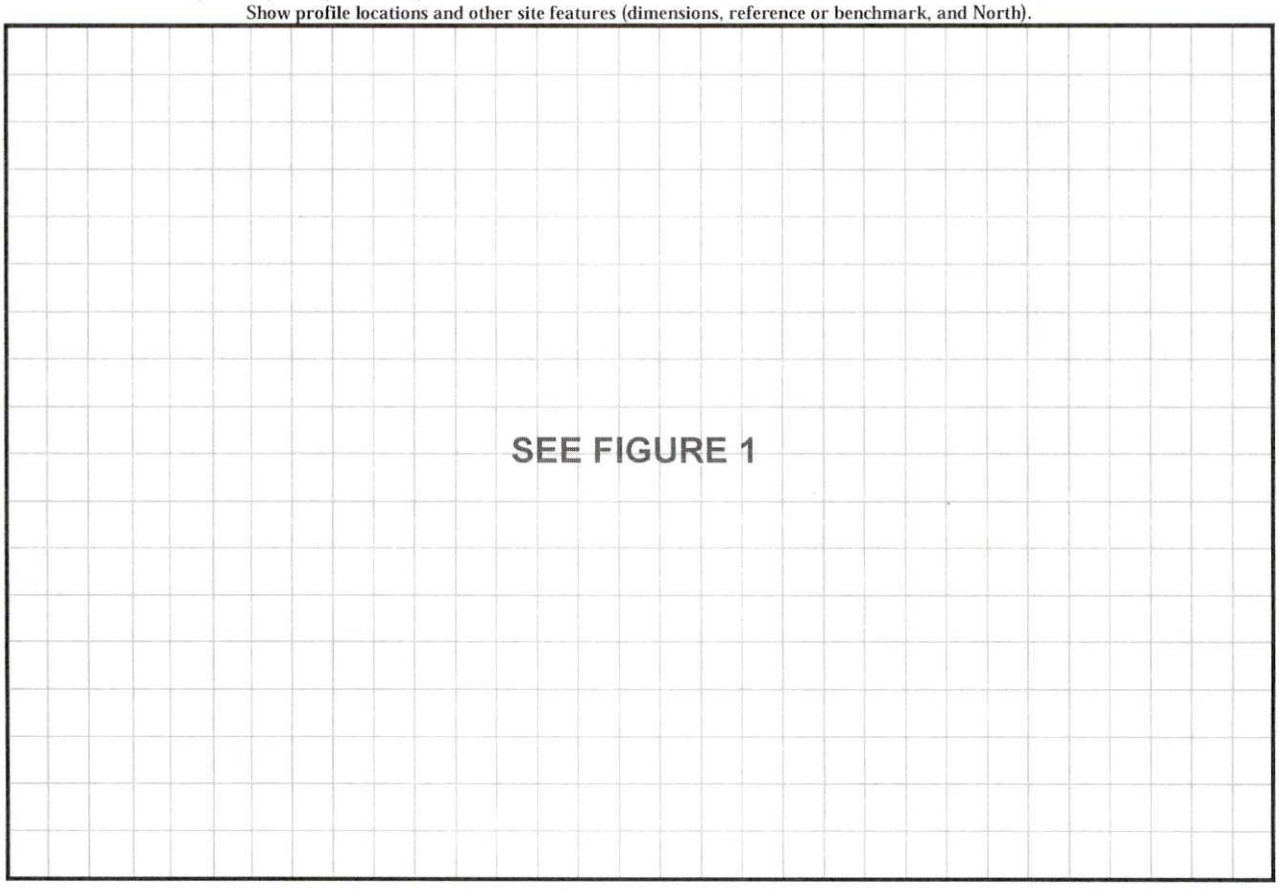
RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.

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) or U (Unsuitable)

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

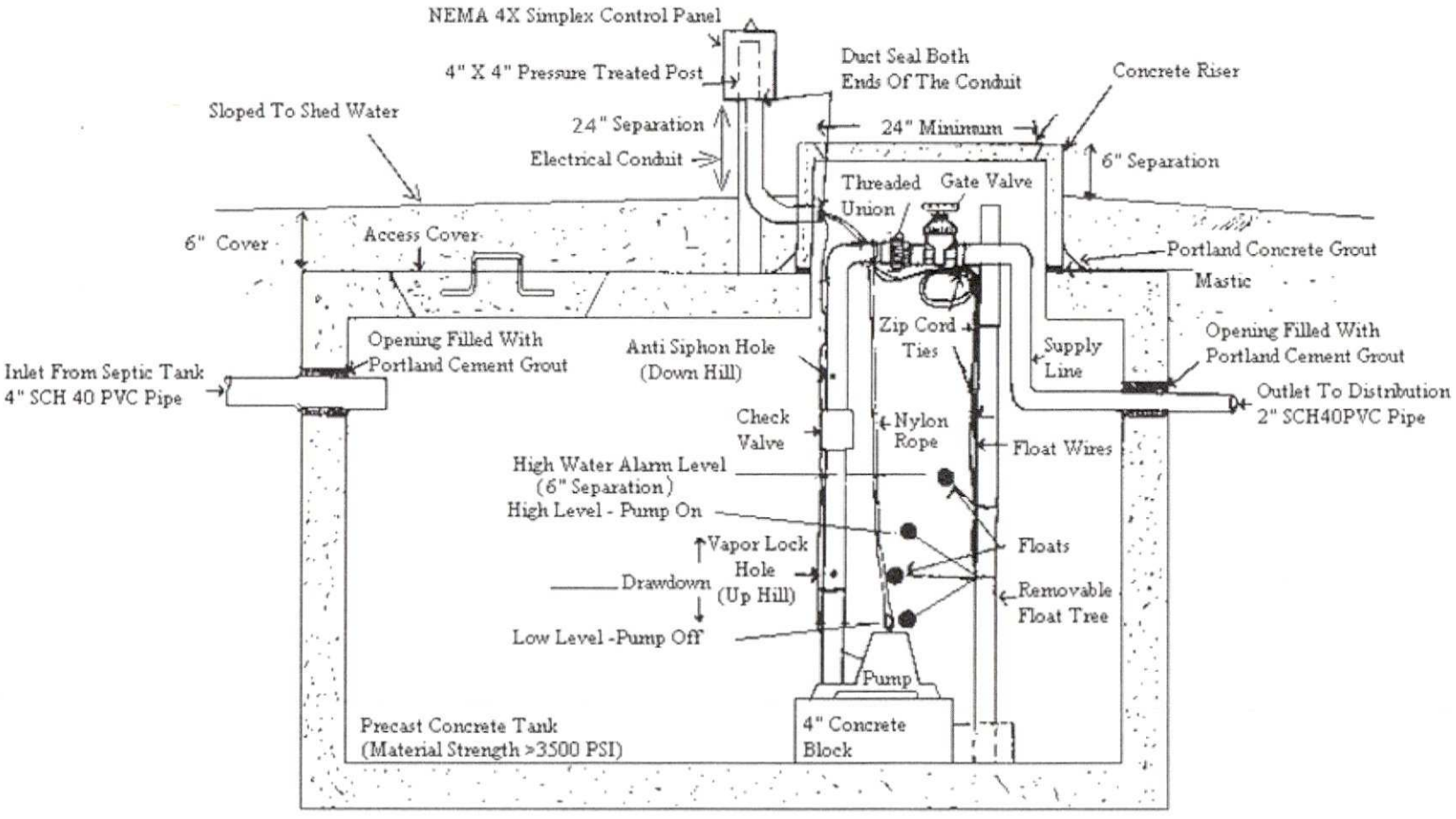


Thompson Environmental Consulting, Inc
PO Box 541
Midland, NC 28107-0541

Tax ID Number: 21526117

Location: Idlewild Road

Recommended Pump Tank Design

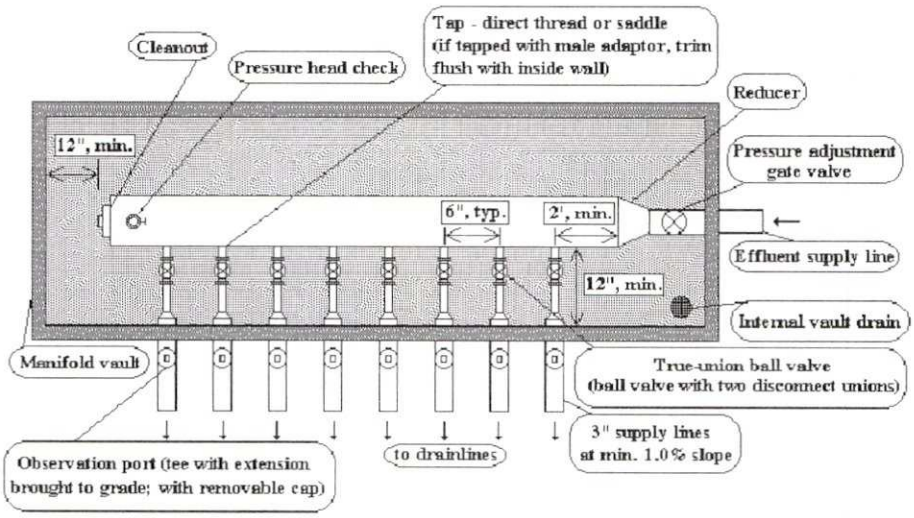


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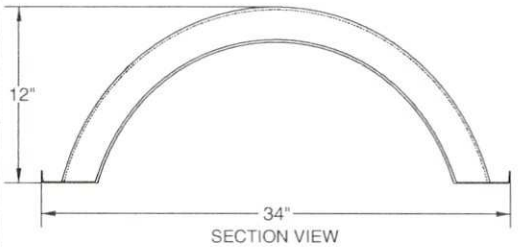
Location: Idlewild Road

Recommended Pressure Manifold Design
(Number of Taps May Vary)

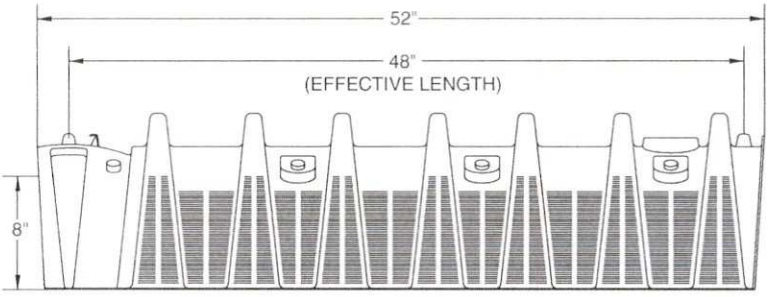


Quick4™
STANDARD CHAMBER

Quick4 Standard Chamber

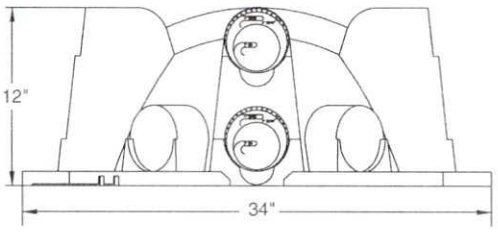


SECTION VIEW

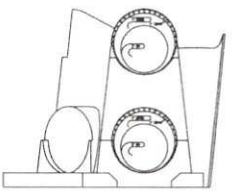


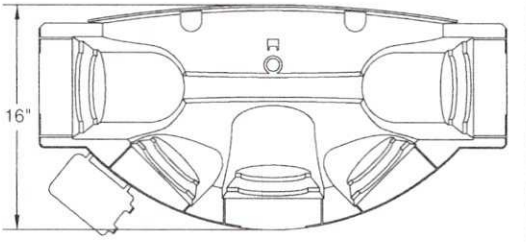
SIDE VIEW

MultiPort End Cap



FRONT VIEW


SIDE VIEW



TOP VIEW

Quick4 Standard Chamber Nominal Specifications

Size (W x L x H)	34" x 52" x 12"
Effective Length	48"
Invert Height	8"

MultiPort End Cap Nominal Specifications

Size (W x L x H)	34" x 16" x 12"
Invert Height	8" or 1.25"

INFILTRATOR SYSTEMS, INC. STANDARD LIMITED WARRANTY

(a) The structural integrity of each chamber, end plate, wedge and other accessory manufactured by Infiltrator ("Units"), when installed and operated in a leachfield of an onsite septic system in accordance with Infiltrator's instructions, is warranted to the original purchaser ("Holder") against defective materials and workmanship for one year from the date that the septic permit is issued for the septic system containing the Units; provided, however, that if a septic permit is not required by applicable law, the warranty period will begin upon the date that installation of the septic system commences. To exercise its warranty rights, Holder must notify Infiltrator in writing at its Corporate Headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect. Infiltrator will supply replacement Units for Units determined by Infiltrator to be covered by this Limited Warranty. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Units.

(b) THE LIMITED WARRANTY AND REMEDIES IN SUBPARAGRAPH (a) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

(c) This Limited Warranty shall be void if any part of the chamber system is manufactured by anyone other than Infiltrator. The Limited Warranty does not extend to incidental, consequential, special or indirect damages. Infiltrator shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other losses or expenses incurred by the Holder or any third party. Specifically excluded from Limited Warranty coverage are damage to the Units due to ordinary wear and tear, alteration, accident, misuse, abuse or neglect of the Units; the Units being subjected to vehicle traffic or other conditions which are not permitted by the installation instructions; failure to maintain the minimum ground covers set forth in the installation instructions; the placement of improper materials into the system containing the Units; failure of the Units or the septic system due to improper siting or improper sizing, excessive water usage, improper grease disposal, or improper operation; or any other event not caused by Infiltrator. This Limited Warranty shall be void if the Holder fails to comply with all of the terms set forth in this Limited Warranty.

Further, in no event shall Infiltrator be responsible for any loss or damage to the Holder, the Units, or any third party resulting from installation or shipment, or from any product liability claims of Holder or any third party. For this Limited Warranty to apply, the Units must be installed in accordance with all site conditions required by state and local codes; all other applicable laws; and Infiltrator's installation instructions.

(d) No representative of Infiltrator has the authority to change or extend this Limited Warranty. No warranty applies to any party other than the original Holder.

. . . . . .

The above represents the Standard Limited Warranty offered by Infiltrator. A limited number of states and counties have different warranty requirements. Any purchaser of Units should contact Infiltrator's Corporate Headquarters in Old Saybrook, Connecticut, prior to such purchase, to obtain a copy of the applicable warranty, and should carefully read that warranty prior to the purchase of Units.

INFILTRATOR® SYSTEMS INC

Environmental Onsite Wastewater Solutions℠

6 Business Park Road • P.O. Box 768
Old Saybrook, CT 06475
860-577-7000 • FAX 860-577-7001

800-221-4436

U.S. Patents: 4,759,661; 5,017,041; 5,156,488; 5,336,017; 5,401,116; 5,401,459; 5,511,903; 5,716,163; 5,588,778; 5,839,844
Canadian Patents: 1,329,959; 2,004,564 Other patents pending.

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RECYCLED PAPER

Q011203HP-0

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 #: 11990B Permit #: 14780 Tax Parcel #: 215-261-13

Property Owner: Northway Homes LLC

Job Location Address: 13848 Idlewild Rd

City: Matthews State: NC Zip Code: 28105

Operation Permit Issuance Date: 10/23/24 Contractor Name: Logo Vista

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: Liberty 280

Drainfield Installation ☐ N/A

Trench Depth: 17 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 7 @ Various feet

Depth of Media: 12 inches (Type) CHM 36

Depth of Cover: 6 inches

Distribution Device: Pressure Man

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 10/22/24

Excavation Inspected: 10/22/24

Pump & Controls Inspected: 10/22/24

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed according to Larry Thompson design

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 b / P / N4 / NA Quick 4 CHM 36

DENR Authorized Agent: B. Davenport Signature: _____

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 #: 11990B Permit #: 14780 Tax Parcel #: 215-261-13

Property Owner: _____

Job Location Address: 13848 Idlewild

City: Matthews State: NC Zip Code: 28105

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: Davenport Date: 10/23/24

Signature: Byron Davenport