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 #: 5485B Permit #: _____ Tax Parcel #: 199-352-02

Property Owner: THE SANCTUARY @ LAKE WYLIE

Job Location Address: 10915 HERMIT THRUSH LN (LOT #76)

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 8/29/08 Contractor Name: R+H

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: WE0512HHU

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12 inches (Type) INFILTRATOR

Depth of Cover: 12 inches

Distribution Device: PRESSURE MANIFOLD

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: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

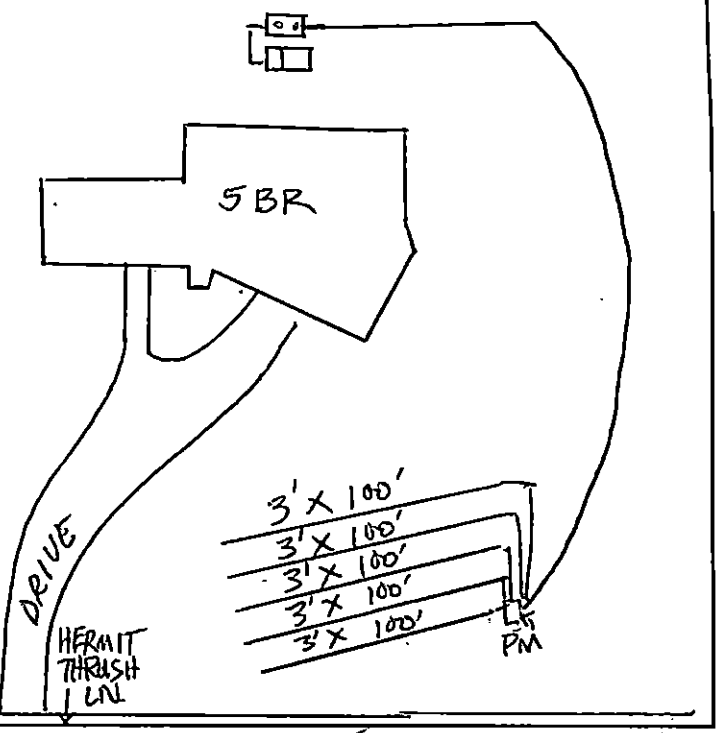
Inspection Dates

Tank(s) Inspected: 8/29/08

Excavation Inspected: 8/29/08

Pump & Controls Inspected: 8/29/08

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: IIIb IQ4W P NA NA

DENR Authorized Agent: Chris Sherrill, RS, CSS Signature: Chris Sherrill

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

File #: 5485 B Permit #: _____ Tax Parcel #: 199-352-02

Property Owner: THE SANCTUARY @ LAKE WYLIE

Job Location Address: 10915 HERMIT THRUSH LN (LOT #76)

City: CHARLOTTE State: NC Zip Code: 28278

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: Chris Sherrill, RS, LSS Date: 8/29/08

Signature: Christopher M Sherrill

Final Inspection Check List

File #: 5485B
Date: 8/29/08
Inspected By: CMS

Septic Tank

Tank construction PCC

Septic tank installed in correct orientation and is level? Yes ☑ No ☐

Septic tank is in good condition with no visible defects or leaks? Yes ☑ No ☐

Septic tank stamped with appropriate markings? Yes ☑ No ☐

Id Number: STB-338 Date: _____ Size: 1500 Gallons

Lids present and in good condition? Yes ☑ No ☐

Tank air vent unobstructed? Yes ☑ No ☐

Baffle wall with 4" opening unobstructed? Yes ☑ No ☐

Effluent filter installed correctly in tank? Yes ☑ No ☐

Outlet pipe has a watertight seal with cast in place boot and clamp? Yes ☑ No ☐

1/8" per ft. of fall on outlet pipe? Yes ☑ No ☐

Risers used appropriately if required? Yes ☑ No ☐

Pump Tank (If Applicable)

Pump tank installed with riser above grade and is level? Yes ☑ No ☐

Pump tank is in good condition with no visible defects or leaks? Yes ☑ No ☐

Inlet pipe properly sealed/grouted? Yes ☑ No ☐

Discharge pipe properly sealed/grouted? Yes ☑ No ☐

Pump tank stamped with appropriate markings? Yes ☑ No ☐

Id Number: PT-477 Date: _____ Size: 1500 Gallons

Lids present and in good condition? Yes ☑ No ☐

Pump installed in tank? Yes ☑ No ☐

Pump Make Goulds Model WE0512HHU

Control floats installed correctly? Yes ☑ No ☐

Check valve installed correctly? Yes ☑ No ☐

Gate valve installed on discharge piping? Yes ☑ No ☐

Discharge pipe size? 2 in.

Nema 4X control panel used? Yes ☑ No ☐

Electrical conduits sealed from gas entry? Yes ☑ No ☐

Distribution Box (If Applicable)

1/8" per ft. of fall on inlet pipe? Yes ☐ No ☐

Distribution box installed at least 2' from septic tank? Yes ☐ No ☐

Distance from tank outlet _____ ft.

Distribution box and lid in good condition? Yes ☐ No ☐

D-box level and stable? Yes ☐ No ☐

Inlet and outlet/s properly sealed and watertight? Yes ☐ No ☐

Speed levels present and adjusted properly? Yes ☐ No ☐

Pressure Manifold (If Applicable)

Manifold material, Schedule 80 PVC

Manifold diameter 4 in.

Size of taps 1/2 in. / Number of taps 5

Shutoff valves provided for each tap? Yes ☑ No ☐

Cleanout installed and accessible? Yes ☑ No ☐

Access provided to set head pressure? Yes ☑ No ☐

Gate valve installed to regulate flow through manifold? Yes ☑ No ☐

Location of valve: @ PM

Manifold housed in appropriate enclosure? Yes ☑ No ☐

Manifold installed level and secured to enclosure? Yes ☑ No ☐

Pressure head set to 2 ft.

Drainfield (Conventional)

Number of lines installed _____

Total length of drainline installed _____ft.

Trench width _____ft.

Trench spacing O.C. _____ft.

Trench depth _____in.

Tire Chips Used? Yes ☐ No ☐

Geotextile fabric in place? Yes ☐ No ☐

Depth of stone / tire chips _____in.

Distance from house _____ft.

Distance from property lines: Left _____ft. Right _____ft. Front _____ ft. Rear _____ft.

Distance from well _____ft.

Drainlines installed level and on contour? Yes ☐ No ☐

Drainfield (Innovative 25% Reduction)

Number of lines installed _____

Total length of drainline installed _____ft.

Trench width _____ft.

Trench spacing O.C. _____ft.

Trench depth _____in.

Protective barrier installed over polystyrene? Yes ☐ No ☐

Distance from house _____ft.

Distance from property lines: Left _____ft. Right _____ft. Front _____ ft. Rear _____ft.

Distance from well _____ft.

Drainlines installed level and on contour? Yes ☐ No ☐

Drainfield (PPBPS 50% Reduction)

Number of lines installed _____

Total length of drainline installed _____ft.

Trench width _____ft.

Trench spacing O.C. _____ft.

Trench depth _____in.

6" sand bed on trench bottom? Yes ☐ No ☐

Correct type & amount of sand installed inside panels? Yes ☐ No ☐

Distance from house _____ft.

Distance from property lines: Left _____ft. Right _____ft. Front ____ ft. Rear _____ft.

Distance from well _____ft.

Drainlines installed level and on contour? Yes ☐ No ☐

Grade Shots with Level

Trench #: 1

Shot #	Reading
1	7'9"
2	"
3	"

Trench #: 2

Shot #	Reading
1	6'3"
2	"
3	"

Trench #: 3

Shot #	Reading
1	5'9"
2	"
3	"

Trench #: 4

Shot #	Reading
1	4'8"
	"
2	"
3	

Trench #: 5

Shot #	Reading
1	3'10"
2	"
3	"

Trench #: ___

Shot #	Reading

Trench #: ___

Shot #	Reading

Trench #: ___

Shot #	Reading

Trench #: ___

Shot #	Reading

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/02/08	**Amount:**	150.00
Receipt #:	58842	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X33901
Contractor: DIENST BUILDERS II LLC
Attn:
Address: 9606-A CALDWELL COMMONS CIRCLE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 10915 HERMIT THRUSH LN/FILE 5485B		1	150.00	150.00

Waiting on a call from Contractor Left message on 8/22/08

Dienst Bldrs
892-8426

Adams
C
704
622-2853

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
150.00	261.95				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/02/08	**Amount:**	150.00
Receipt #:	58843	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X33901
Contractor: DIENST BUILDERS II LLC
Attn:
Address: 9606-A CALDWELL COMMONS CIRCLE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 10915 HERMIT THRUSH/FILE 5485B		1	150.00	150.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00	261.95				

X33901

Dicnst Builders

9606-A Caldwell
Commons Circle

Cornelius, NC

28031

704-892-8426