Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐ Repair X

New Septic Fees Paid

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received ☑ SBC _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	5463A
WASPS App #:	8959
Primary ES assigned to project:	April Bumgarner
Secondary ES assigned to project:	
Project Type:	Repair
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	N/A
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	No
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	N/A

Please send repair permit for signature
JMM 6/23/2017

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	N/A
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	N/A
Corrections/modifications needed?	Yes
Comments:	Show distance to septic tank from fixed point. / and send for signature
IA issued date:	
OP Issued date:	10-18-17
Review performed by:	Jeremy Michael
Date performed:	6/20/2017

Created at 6/20/2017 11:08 AM by Michael, Jeremy
Last modified at 6/20/2017 11:08 AM by Michael, Jeremy

Close

5463A #8959 25 MAY '17 AM11:19

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: 10507101
STREET ADDRESS: 2900 Rocky River Road
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: n/a
LOT #: n/a LOT SIZE (acres): 53.56

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 Park Restroom

HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: _____
NUMBER OF OCCUPANTS: _____

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: Mecklenburg County Park and Recreation
ADDRESS: 5841 Brookshire Blvd
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Michael Athanas and Associates
ADDRESS: 561 Ennis Road
CITY: Weddington
STATE: NC ZIP: 28173
WORK PHONE: (704) 576-3887
MOBILE PHONE: _____
FAX: _____
E-MAIL: scott@michaelathanas.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.

SK (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.

Matt Kennedy
Property Owner's or Owner's Legal Representative Signature

5/25/17
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: $ _____ 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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

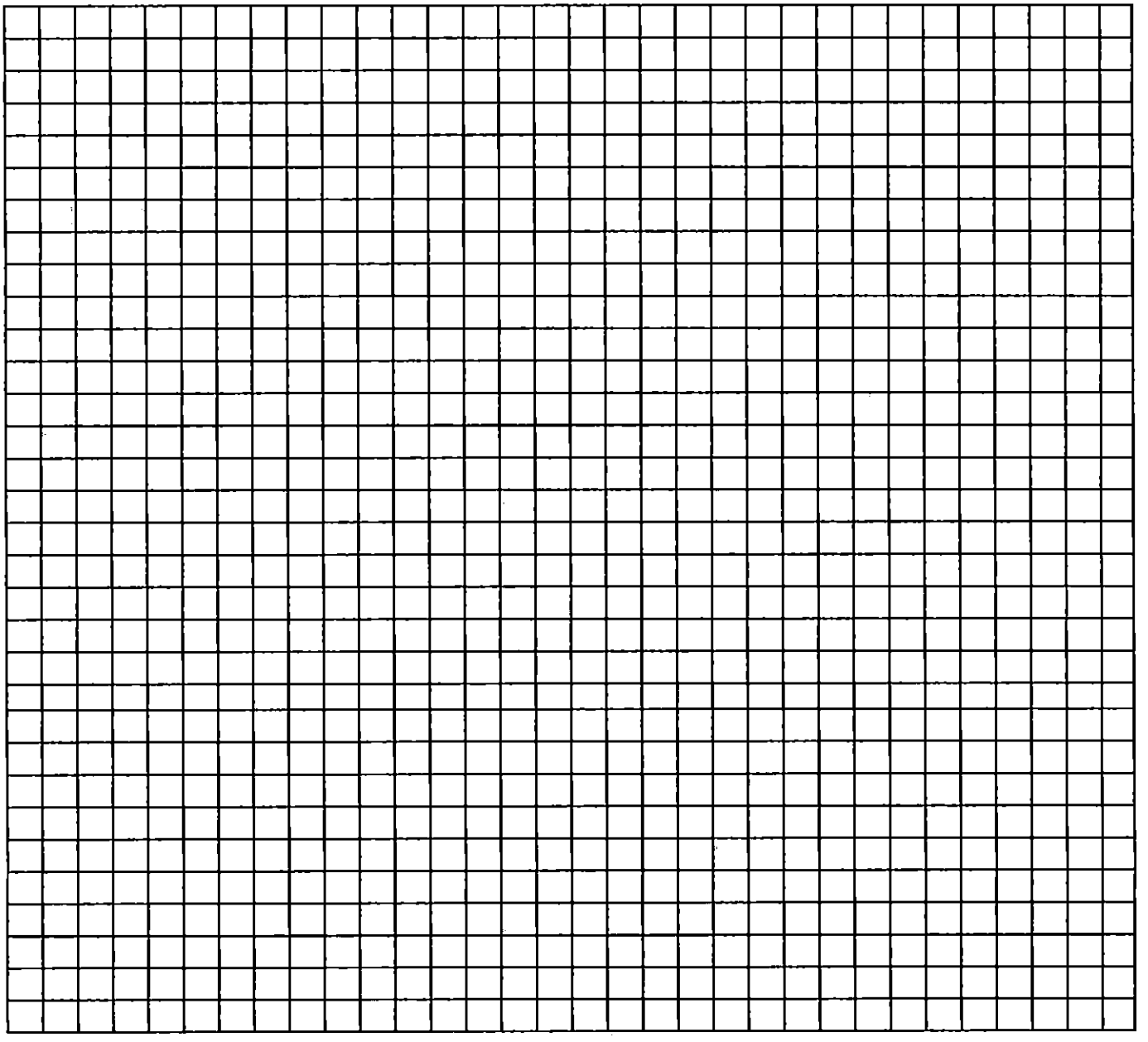
File #: _____

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: 2900 Rocky River Road Tax Parcel #: 10507101

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature Date: 5/25/17

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
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Michael Athanas and Associates is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

2900 Rocky River Road, Charlotte; Parcel Number 10507101
Number Street Town
(Or Parcel Number)

James Rainey, Meck Co Park+Rec
Property Owner (print name)

Property Owner (signature)

5/25/17
Date

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

Sheet: 1 of 2
Property ID: 105-071-01
Lot #: NA
File #: 5463A
AppID: 8959

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Mecklenburg County Park and Recreation
Address: 5841 Brookshire Blvd, Charlotte, NC 28216
Proposed Facility: Existing Park - Reedy Creek Regional Park Design Flow (.1949): GPD
Location of Site: 2900 Rocky River Rd, Charlotte, NC 28215
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Michael Athanas & Associates
Date Evaluated: 6/1/2017
Property Size: NA
Property Recorded: Unknown

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Pit #1	LS 3%	0 - 18	Fill		>60"	60	NA	NA		PS IV 0.3	48"
		18 - 36	sbk C	S P FR SEXP							
		36 - 60	sbk CL	SS SP FR SEXP							
Pit #2	LS 3%	0 - 15	Fill		>60"	60	NA	NA		PS IV 0.325	48"
		15 - 24	sbk C	S P FR SEXP							
		24 - 60	sbk CL	SS SP FR SEXP							
Pit #3	LS 3%	0 - 24	gr CL	SS SP FR SEXP	>60"	60	NA	NA		PS IV 0.3	48"
		24 - 60	sbk C	S P FR SEXP							
Pit #4	LS 3%	0 - 12	gr CL	SS SP FR SEXP	>60"	60	NA	NA		PS IV 0.3	48"
		12 - 42	sbk C	S P FR SEXP							
		42 - 60	sbk CL	SS SP FR SEXP							
Pit #5	LS 3%	0 - 13	gr SCL	SS SP FR SEXP	>70"	70	NA	NA		PS IV 0.3	48"
		13 - 40	sbk C	S P FR SEXP							
		40 - 70	sbk CL	SS SP FR SEXP							
Pit #6	LS 3%	0 - 5	gr CL	SS SP FR SEXP	>70"	70	NA	NA		PS IV 0.3	48"
		5 - 36	sbk C	S P FR SEXP							
		36 - 70	sbk CL	SS SP FR SEXP							
Pit #7	LS 3%	0 - 60	Fill		NA	0	NA	NA		US	NA
Pit #8	LS 3%	0 - 12	Fill		>70"	70	NA	NA		PS IV 0.3	48"
		12 - 36	sbk C	S P FR SEXP							
		36 - 70	sbk CL	SS SP FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		IIa
Site LTAR (gpd/sq ft)		0.3

Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, LSS, REHS
Others Present: Michael Athanas, LSS
Site Classification (.1948): PS
Site Evaluation By: April Burrgasser
Others Present:

Sheet: 2 of 2
File #: 5463A
AppID: 8959

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 5463A App # 8959 Tax Parcel # 105-071-01

Property Owner: Meck. Co. Parks + Recreation

Job Location Address: 2900 Rocky River Rd

City: Charlotte State: NC Zip Code: 28215

1. **Does System design match facility, flow & wastewater characteristics?**

   ☑ YES ☐ NO

   Comments:

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☑ YES ☐ NO

   Comments:

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☑ YES ☐ NO

   Comments:

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. System shall not be installed while soils are in wet condition.

April Bumgarner — Authorized Agent

10-17-17 — Date

Steve Autry / Scott Kennedy — Others Present

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 #: 5463A Permit #: 8959 Tax Parcel #: 105-071-01

Property Owner: Mecklenburg Co. Park & Recreation

Job Location Address: 2900 Rocky River Rd

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: NA **Construction Authorization Issuance Date** 6-15-17

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

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 48" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 750 feet

# of Lines: 5 @ 150 feet

Depth of Media: 12" inches (Type) Stone or tire chips

Distribution Device: D-Box

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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: 10' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

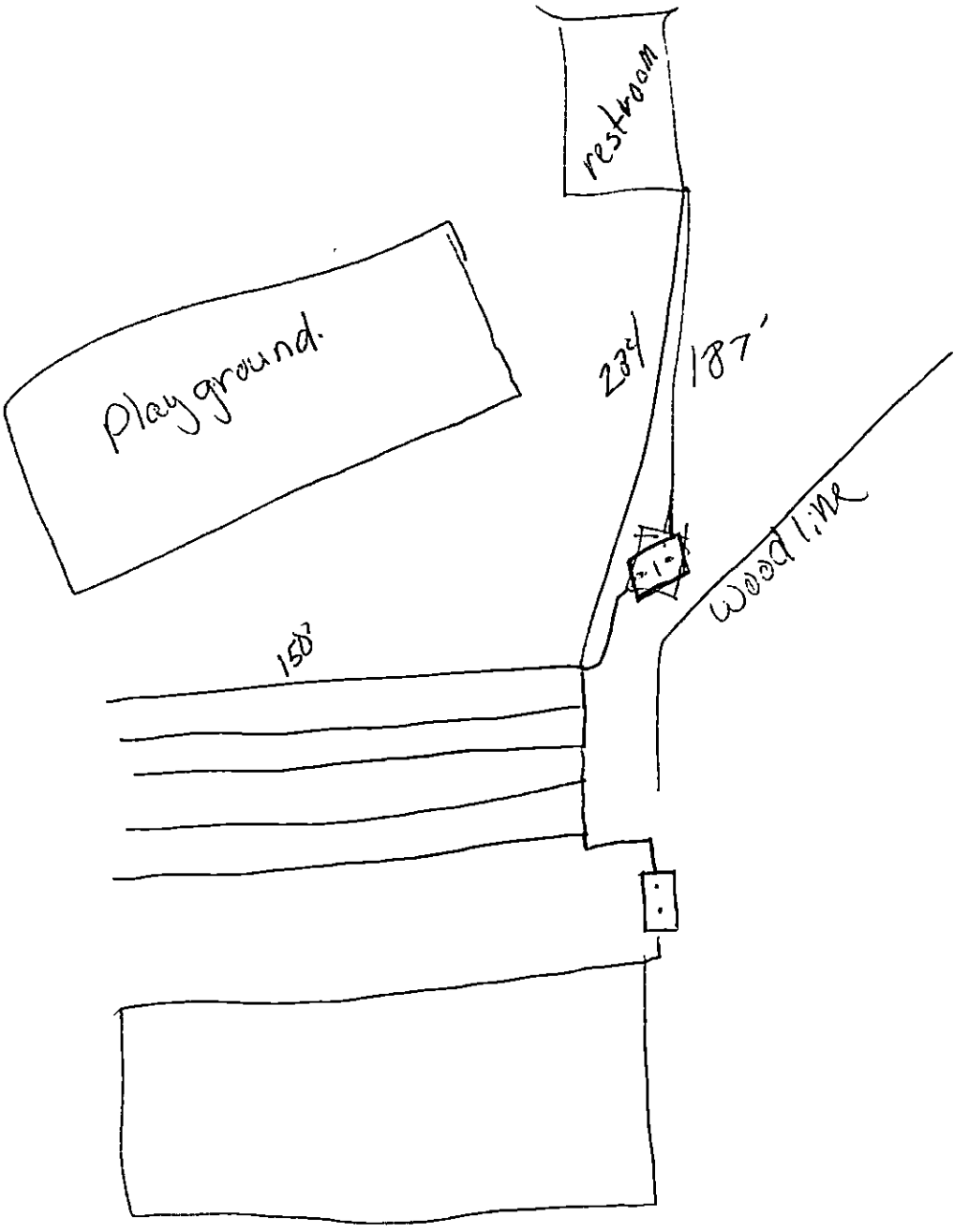
See Attached

Comments: System Classification & Type: II a

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: J. Scott Kennedy Date: 6/27/2017

187' to restroom



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 #: 5463A Permit #: 8959 Tax Parcel #: 105-071-01

Property Owner: Mecklenburg Co. Park & Recreation

Job Location Address: 2900 Rocky River Rd

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: NA **Construction Authorization Issuance Date** 6-15-17

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: 675 GPD

Liquid Capacity of Septic Tank: 1500 gallons

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

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 48" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 750 feet

# of Lines: 5 @ 150 feet

Depth of Media: 12" inches (Type) Stone or tire chips

Distribution Device: D-Box

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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: 10' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See Attached

Comments: System Classification & Type: II a

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____

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 #: 5463A Permit #: 8959 Tax Parcel #: 105-071-01

Property Owner: Mecklenburg Co. Park & Recreation

Job Location Address: 2900 Rocky River Rd

City: Charlotte State: NC Zip Code: 28215

Operation Permit Issuance Date: 10-18-17 Contractor Name: Steve Autry

Permitted Design Flow: 675 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture Dellinger Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 48" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 750 feet

# of Lines: 5 @ 150 feet

Depth of Media: 12 inches (Type) Quick4

Depth of Cover: 36" inches

Distribution Device: End Caps

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: 187' feet

Distance from Property Line: 10'+ feet

Distance from Water Supply Source: 10'+ feet

Inspection Dates

Tank(s) Inspected: 10-17-17

Excavation Inspected: 10-18-17

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See Attached

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 / I Q4 / g / NA / NA

DENR Authorized Agent: ~~April~~ April Bumgarner Signature: April Bumgarner

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 5463A Permit #: 8959 Tax Parcel #: 105-071-01

Property Owner: Mecklenburg Co. Park + Recreation

Job Location Address: 2900 Rocky River Rd

City: Charlotte State: NC Zip Code: 28215

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.

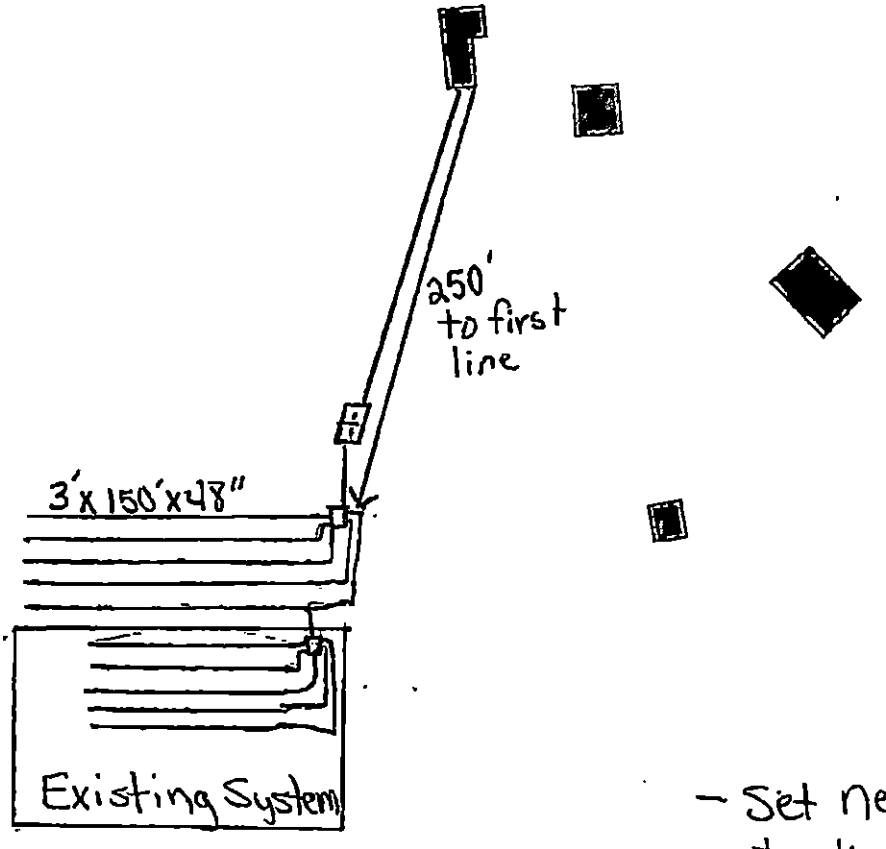
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: April Bumgarner Date: 10-18-17

Signature: April Bumgarner

On-site Wastewater Improvement Permit Diagram



- Set new 1500 gal. tank
- Pump + crush old tank.

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

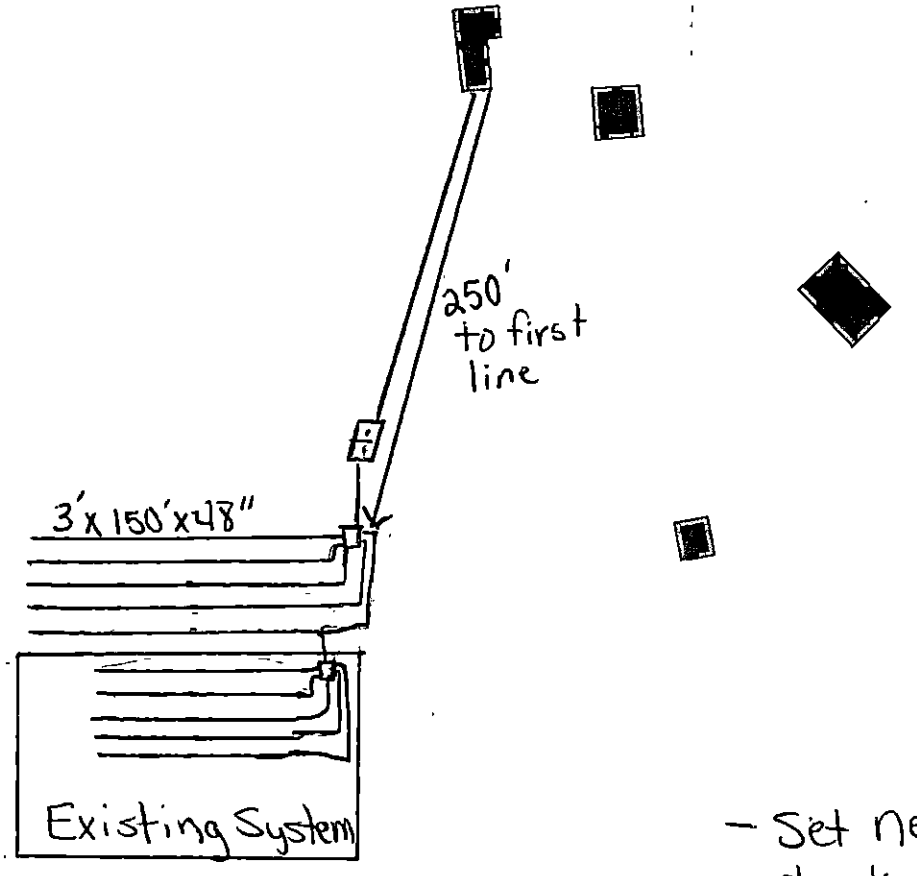
Permit #: 8959
PID #: 105-071-01
File #: 5463A

Authorized Agent: April Burrgamer Date: 6-15-17

Owner/ Legal Agent: J. Scott Kennedy Date: 6/27/2017

1 inch = 100 fe

On-site Wastewater Improvement Permit Diagram



- Set new 1500 gal. tank
- Pump + crush old tank.

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

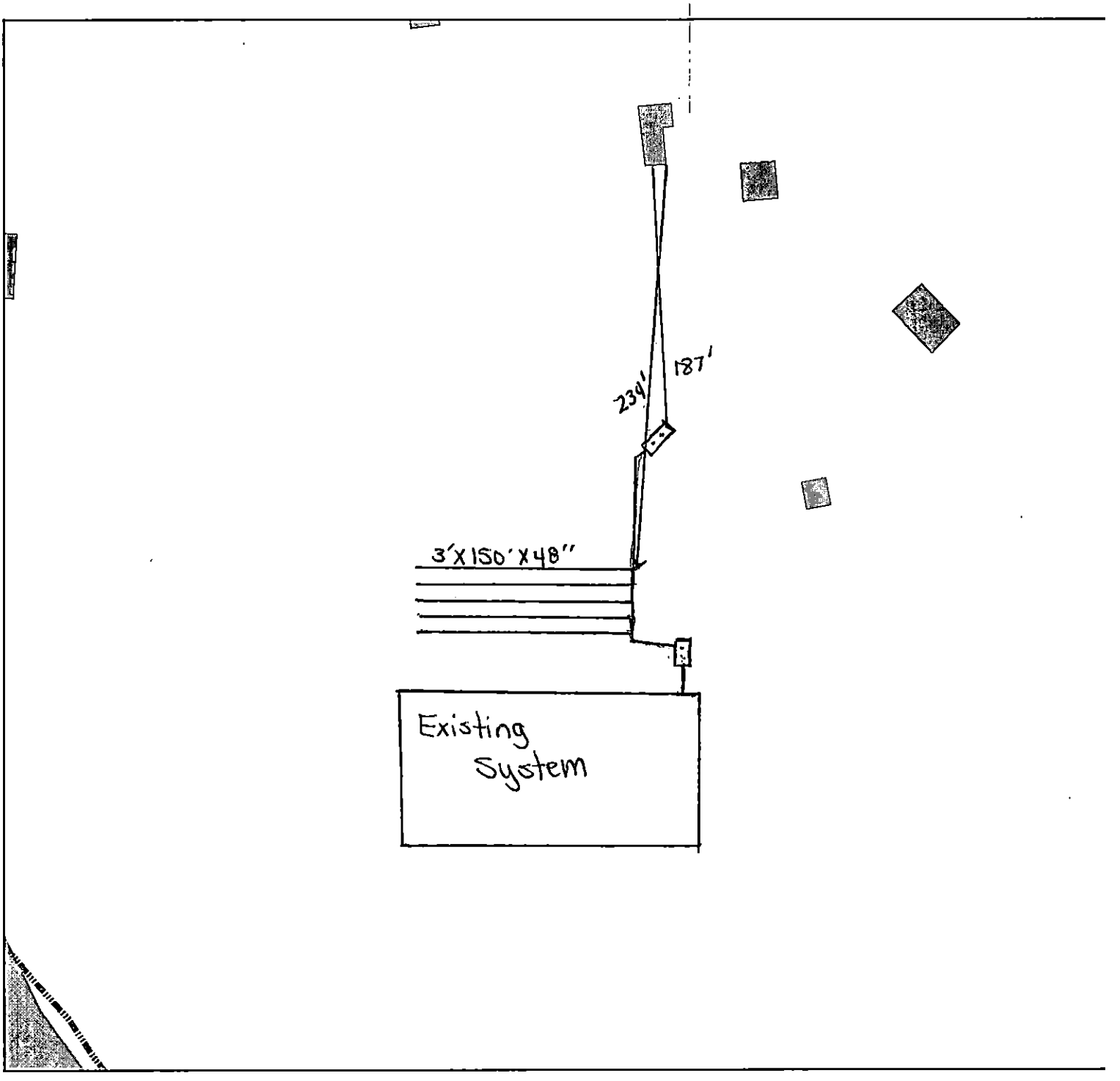
Permit #: 8959
PID #: 105-071-01
File #: 5463A

Authorized Agent: April Burngamer Date: 6-15-17

Owner/ Legal Agent: _____ Date: _____

1 inch = 100 fe

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 8959
PID #: 105-071-01
File #: 5463A

Authorized Agent: _____ Date: _____

Owner/ Legal Agent: N/A Date: N/A

1 inch = 100 fe