Supervisor/Administrative Professional Checklist.

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

☒ Repair aas 5/16/18

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. ☑ ____

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 #:	9996B
WASPS App #:	9643
Primary ES assigned to project:	6312 Tuckaseegee Rd.
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	N/A
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	
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?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	N/A
Corrections/modifications needed?	No
Comments:	
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michael
Date performed:	5/29/2018

Created at 5/29/2018 9:18 AM by Michael, Jeremy
Last modified at 5/29/2018 9:18 AM by Michael, Jeremy

Close

Pg 1 of 4

#9643

16 MAY '18 PM 1:16

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: 05911323

STREET ADDRESS: 6312 Tuckaseegee Road

CITY: Charlotte

STATE: NC ZIP: 28214

SUBDIVISION NAME: _____

LOT #: _____ LOT SIZE (acres): _____

TOWNSHIP:

⊙ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊙ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 1,165

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS: 1

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: 1 2 4 3 5

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: Cecil H Blair

ADDRESS: 2836 Hillsdale Ave

CITY: Charlotte

STATE: NC ZIP: 28209

WORK PHONE: _____

MOBILE PHONE: (704) 338-1757

FAX: (704) 338-1757

E-MAIL: reynoldsma6@aol.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

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

Pg 2 of 4

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

5-16-2018
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Pg 3 of 4

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: 6312 Tuckaseegee Rd Tax Parcel #: 05911323

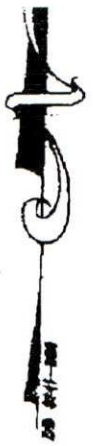
Subdivision Name: _____ Lot #: _____

SEE PG 4

Property Owner's or Owner's Legal Representative Signature

05-16-2018
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



VICINITY MAP

WILKINSON BLVD.

96 484

WOODSDALE ACRES
MB 8 P.435

LOT 1

NORTH CAROLINA PROFESSIONAL SEAL L-2864 LAND SURVEYOR JACK R. CHRISTIAN

E.I.P. UNDER ROOT

N88°27'00"E 150.83'

E.I.P.

E.I.P. ON LINE
9.95'

FRAME GARAGE

18.2'
16.3'

39,649 sq.ft.
0.91 acres

Existing Septic Tank

LOT 47

CARPORT

CONC. WALK

COV. STOOP

WELL HOUSE

1 STORY BRICK

11.8'
18.0'
18.5'

36.6'

COV. PORCH

WAYNE C. JONES
& wf BETTY ANN
DB 3112 P.219

N06°12'08"E 242.08'

GRAVEL DRIVE

S00°39'51"E 239.89'

99.4'

E.I.P. ON LINE
5.06'

9.94'

N84°29'42"W 84.88'
TO E.I.P. AT CORNER
R/W OF DALEVIEW DR.

S88°27'00"W 179.77'

PIPE

TUCKASEEGEE ROAD 60'
60' PUBLIC R/W

SYMBOL LEGEND	
	POWER POLE (P.P.)
—E—E—	ELECTRIC LINE
	LIGHT POLE (L.P.)
N.I.P.	NEW IRON PIN
E.I.P.	EXISTING IRON PIN

NOTE:
OTHER R/W'S OR EASEMENTS MAY EXIST WHICH MAY NOT BE SHOWN.

GRAPHIC SCALE
40 0 20 40

SURVEY

OF

6312 TUCKASEEGEE ROAD

SCALE 1"=40'

CITY OF CHARLOTTE, MECKLENBURG COUNTY, NORTH CAROLINA

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

Sheet:
Property ID: 059-113-23
Lot #:
File #: 9996B
Code:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

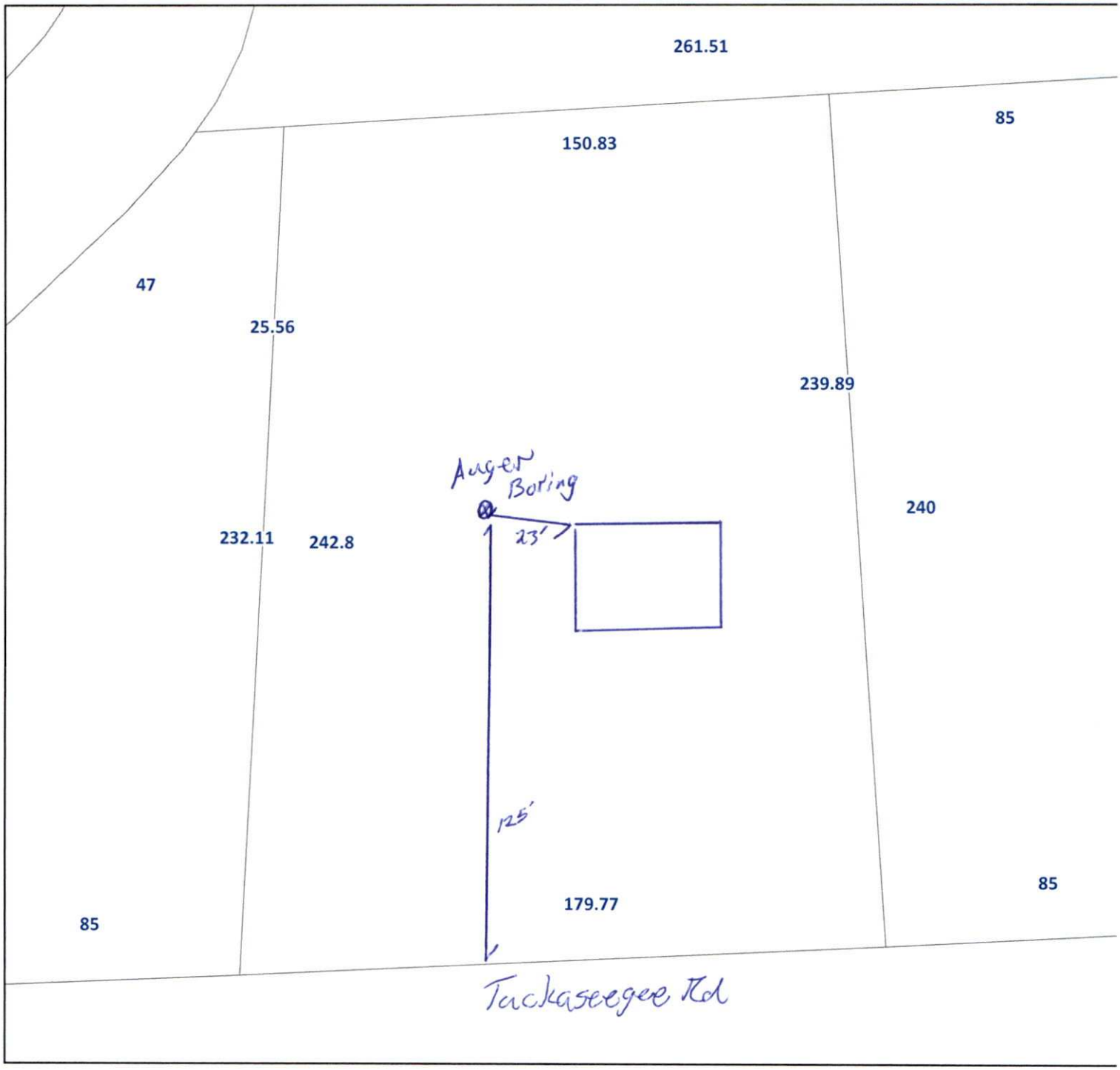
Owner: Cecil Blair
Applicant: Same
Address: 2836 Hillside Ave, Charlotte, NC 28209
Date Evaluated: 5/23/2018
Proposed Facility: SFR
Design Flow (.1949): 240 GPD
Property Size:
Location of Site: 6312 Tuckaseegee Rd., Charlotte, NC 28214
Property Recorded:
Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Augur Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L/2-3%	0-30	Cl/Wsbk	ss/sp/fr/sexp	>48"	48	NA	NA	PS/0.3
		30-48	SiCl	ss/sp/fr/sexp			NA	NA	

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

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

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #:
File #:

Authorized Agent: _____ Date: 5/24/18

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION
for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 9996 B Permit #: 9643 Tax Parcel #: 059-113-23

Property Owner: Cecil Blair

Job Location Address: 6312 Tuckaseegee Rd

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: N/A **Construction Authorization Issuance Date** 5/24/18

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

Liquid Capacity of Septic Tank: 1000 min gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet 25% Reduction

# of Lines: 2 @ 100 feet

Depth of Media: 12" inches (Type) IIIg

Distribution Device:

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: 5' min feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: 58' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See Attached Site Plan

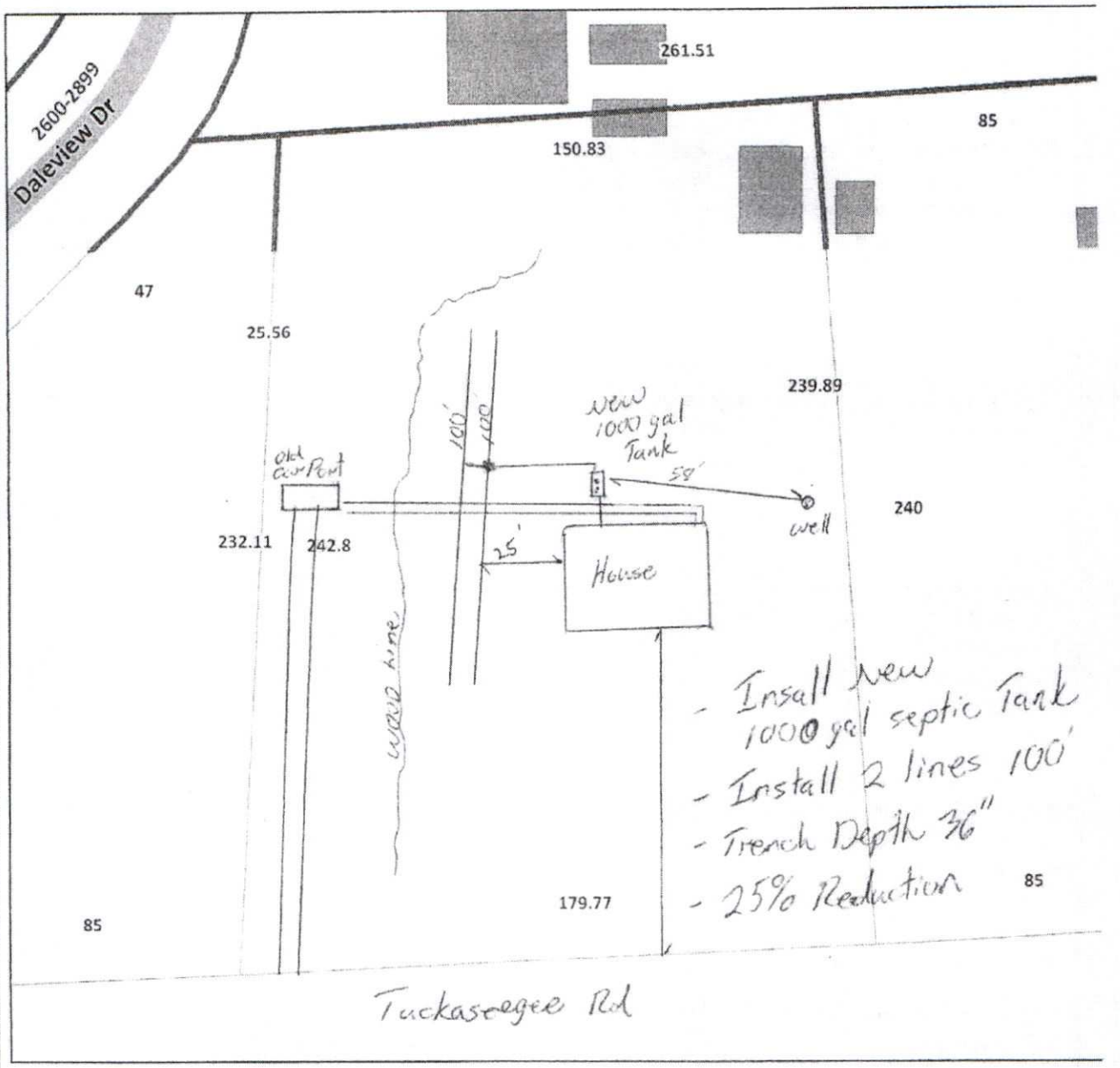
?

Comments: System Classification & Type: IIIg 25% Reduction

Authorized Agent: Bradley M. Hallman Signature:

Owner Signature: Cecil H Blair Date: 5-30-2018

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30009643
PID #: 059-113-23
File #: 9996B

Authorized Agent: Bradley W Holloman Date: 5/24/18

Owner/ Legal Agent: [signature] Date: 5-30-2018

N

1 inch = 40 fee

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 9996 B Permit #: 9643 Tax Parcel #: 059-113-23

Property Owner: Cecil Blair

Job Location Address: 6312 Tuckaseegee Rd.

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: NA **Construction Authorization Issuance Date** 5/24/18

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

Liquid Capacity of Septic Tank: 1000 new gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet 25% Reduction

# of Lines: 2 @ 100 feet

Depth of Media: 12" inches (Type) IIIg

Distribution Device: _____

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: 5' min feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: 58' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

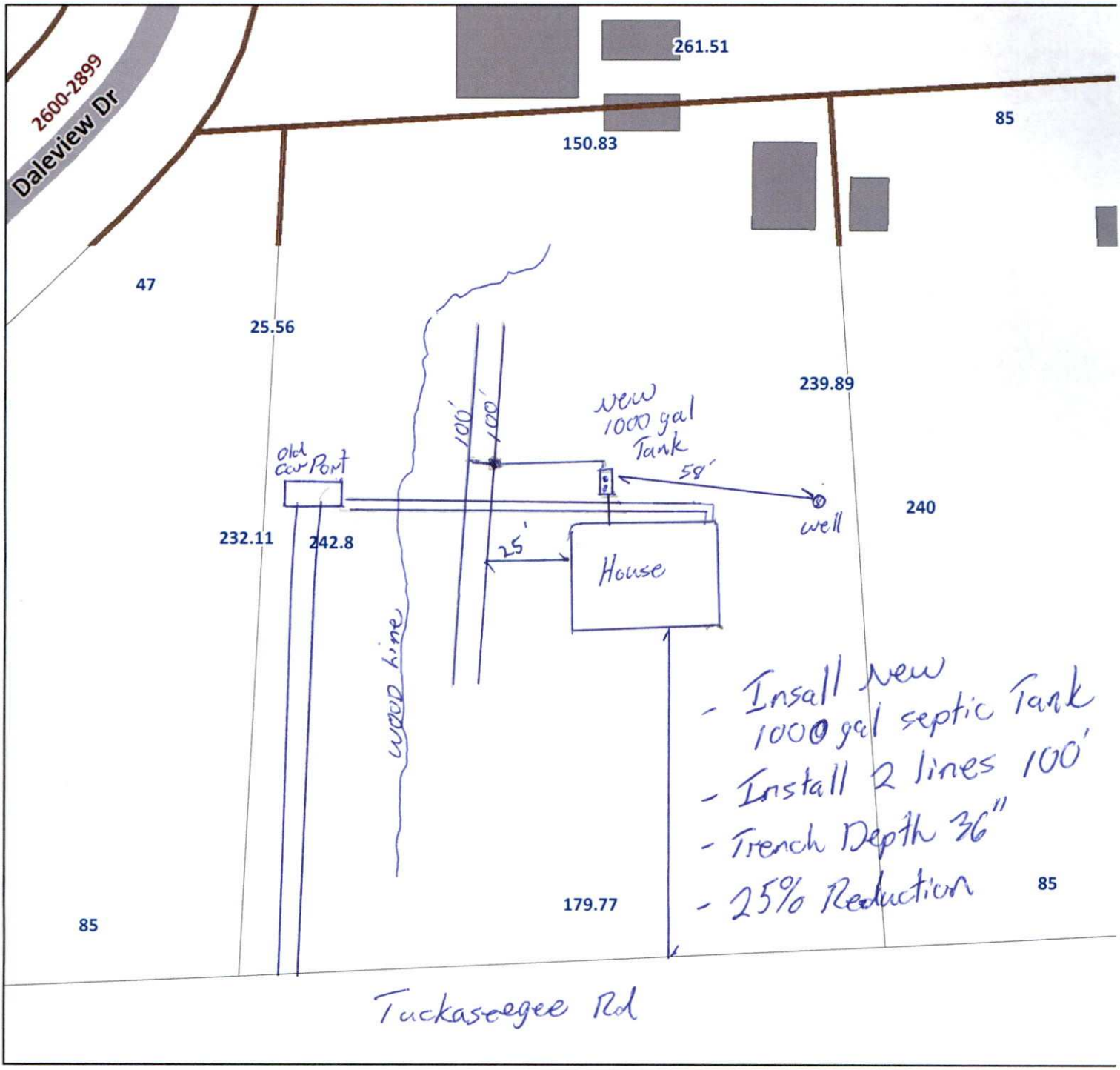
See Attached Site Plan

Comments: System Classification & Type: IIIg 25% Reduction

Authorized Agent: Bradley W. Hallman Signature: _____

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30009643
PID #: 059-113-23
File #: 9996B

Authorized Agent: Bradley W. Hallman Date: 5/24/18

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 990 9996B Permit #: 9643 Tax Parcel #: 059-113-23

Property Owner: Cecil Blair

Job Location Address: 6312 Tuckaseegee Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 11-21-18 **Contractor Name:** Steve Autry

Permitted Design Flow: 240 GPD Liquid Capacity of Dosing Tank: 1000 NA gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Delliger SRB524 Effluent Pump Model: NA

Drainfield Installation ☑ N/A

Trench Depth:_____ inches

Trench Width:_____ feet

Line Spacing:_____ feet (O.C.)

Total line length:_____ feet

# of Lines:_____@_____ feet

Depth of Media:_____ inches (Type)_____

Depth of Cover:_____ inches

Distribution Device:_____

Bed Installation (For Repair Installations ONLY) ☑ N/A

Bed Depth:_____ 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: 50 feet

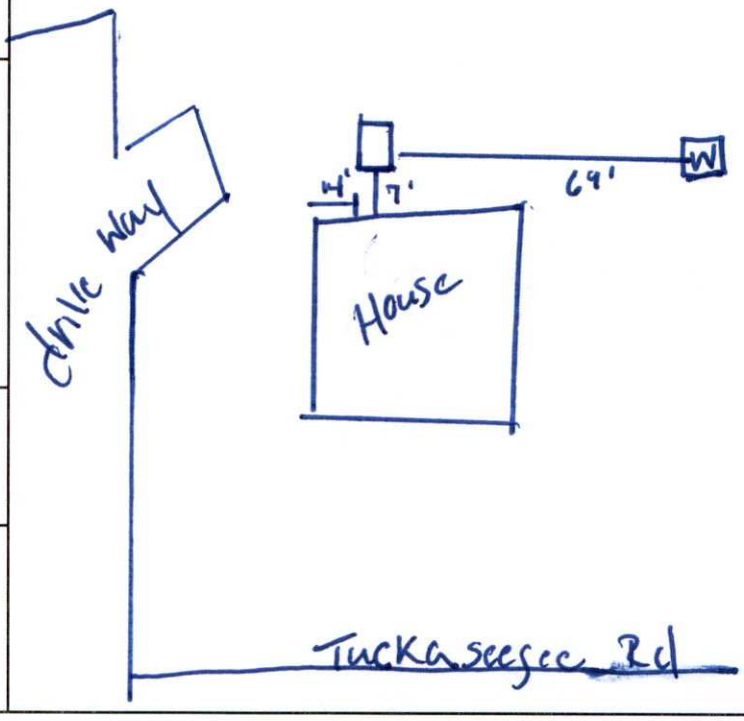
Inspection Dates

Tank(s) Inspected: 11-2-18

Excavation Inspected: 11-21-18

Pump & Controls Inspected: ~~11-21-18~~

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 operated 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: Tank Replaced

DENR Authorized Agent: Heather Ray Signature: Heather Ray

