Mecklenburg County Groundwater & Wastewater Services
700-A. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

File 16801

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: _____ Permit #: _____ Tax Parcel #: 139-27116

Property Owner: Home-1 and Realty Inc.

Job Location Address: 8528 Lochinver Drive

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 5/2/14 Contractor Name: Stanley Environmental

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: NA gallons

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: 60 inches

Bed Width: 9 feet

Total line length: 45 feet

# of Lines: 2 @ 45 feet

Depth of Media: 18 inches (Type) IIa

Depth of Cover: 42 inches

Distribution Device: Serial

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: 90 feet

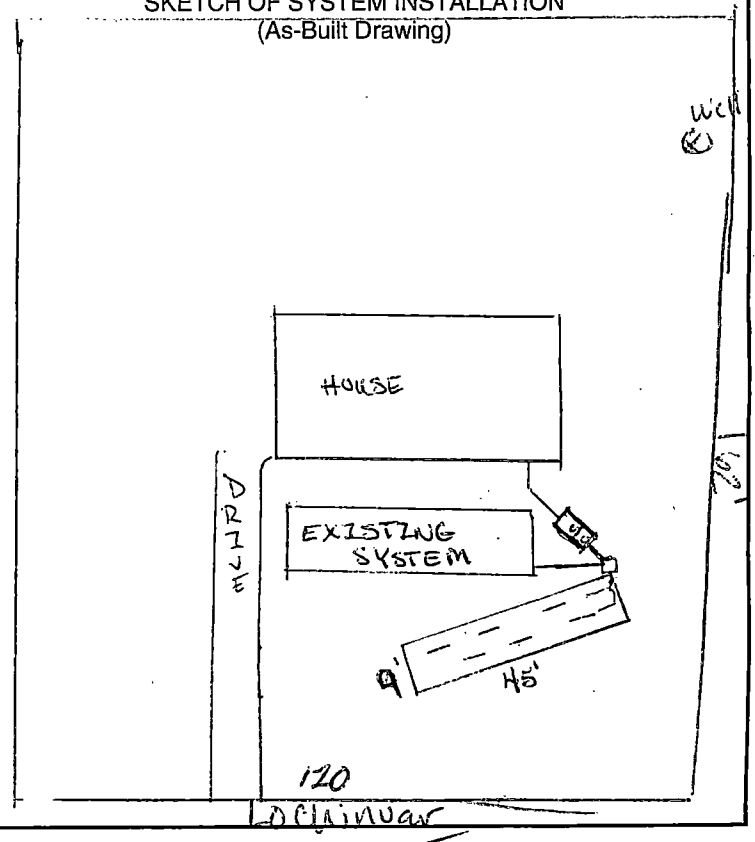
Inspection Dates

Tank(s) Inspected: existing

Excavation Inspected: 5/2/14

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

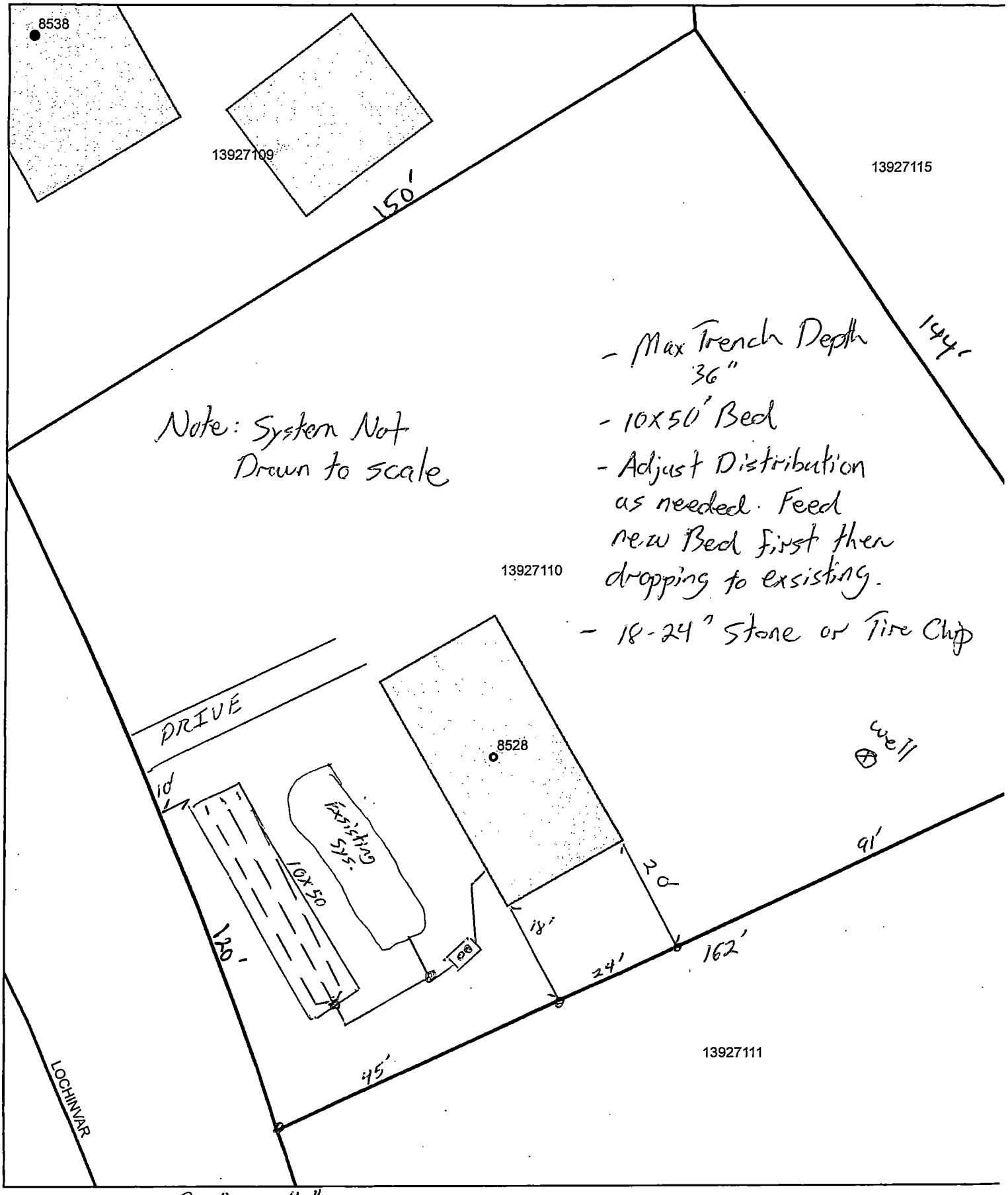
Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIa II

TCP/g/NA/NA

DENR Authorized Agent: Bradley W. Hallman Signature: _____

On-site Wastewater Improvement Permit Diagram
PARCEL #: 13927110
WAPSPS APPLICATION #:



Authorized Agent: Bradley W. Hallmen

Owner/Legal Agent: _____

0 5 10 20 30 Feet

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