# Groundwater & Wastewater Services: Septic Project File & D

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

| | |
|---|---|
| GWS File #: | 3253A |
| WASPS App #: | 12164 |
| Primary ES assigned to project: | Matt |
| 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? | Yes |
| 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 | Yes |
| Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial | N/A |
| 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 |

Repair Completed

| | |
|---|---|
| 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? | Yes |
| Corrections/modifications needed? | No |
| Comments: | Repair |
| IA issued date: | 12/4/2020 |
| OP Issued date: | 12/18/2020 |
| Review performed by: | Michelone |
| Date performed: | 5/5/2021 |

Created at 5/5/2021 1:02 PM by Michelone, Jeremy
Last modified at 5/5/2021 1:02 PM by Michelone, Jeremy

Close

3253A
#12164

**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: 19936125
STREET ADDRESS: 12601 Withers Cove Rd
CITY: Charlotte
STATE: NC ZIP: 28278
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: 5612
NUMBER OF BEDROOMS: 3
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: 0 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: Freddy Ramos
ADDRESS: 12601 Withers Cove Rd
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: _____
MOBILE PHONE: 704-301-4797
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Greenway Waste Solutions
ADDRESS: 5600 Lakeview Rd
CITY: Charlotte
STATE: NC ZIP: 28269
WORK PHONE: _____
MOBILE PHONE: 704 913 5210
FAX: _____
E-MAIL: _____



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

**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.

AM (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

12/23/20
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
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

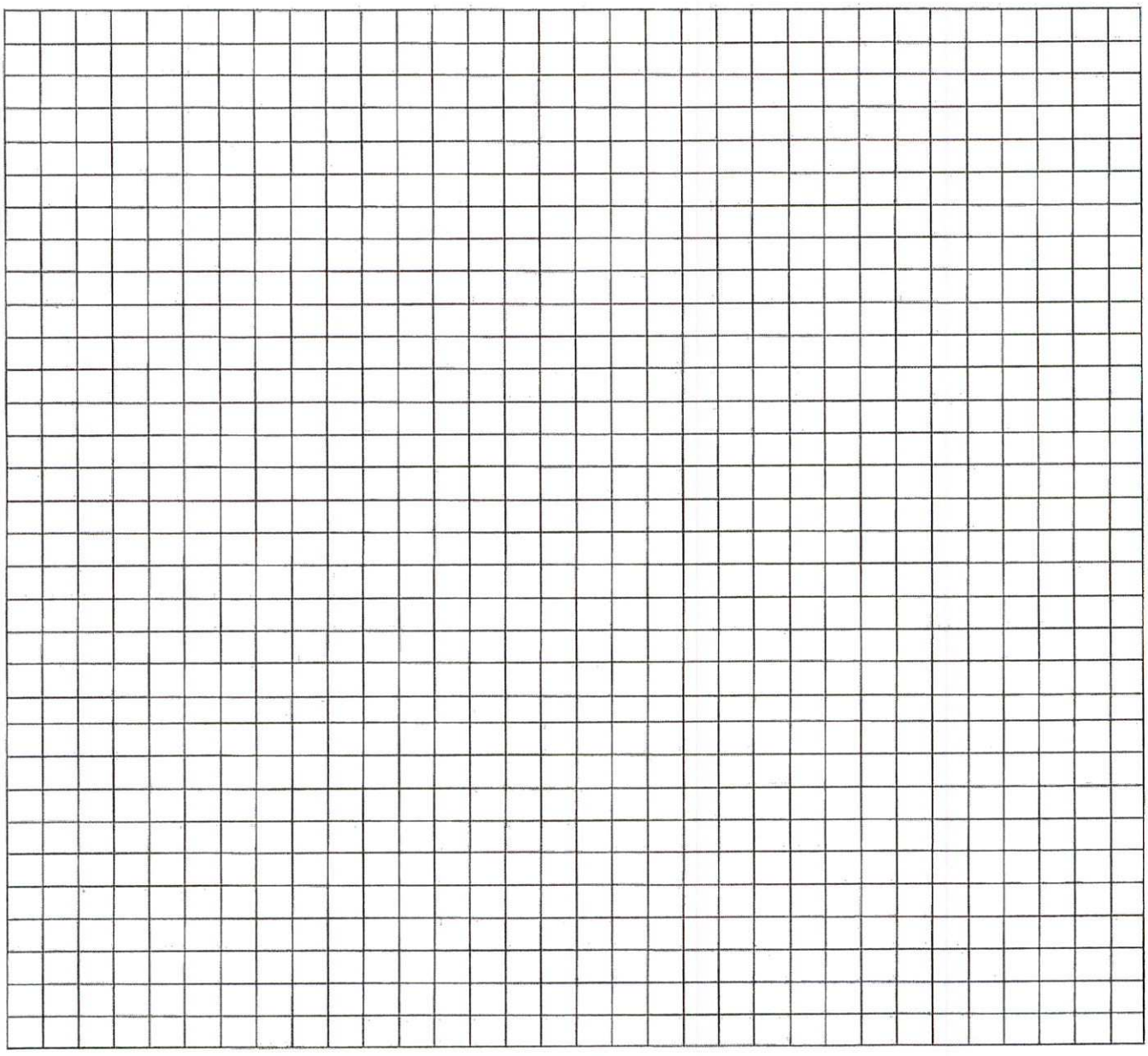
File #: _____

## 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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208, OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

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

Sheet: 1 of 2
Property ID:
Lot #: NA
File #: 32 553 A
AppID: 12164

## SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

Property Owner: Freddy Kanos
Address: 12 Bd Withers Cove
Proposed Facility: 3 Bdr
Location: 11 11
Design Flow (.1949): 360gpd

Applicant:
Date Evaluated: 12/6/20
Property Size:
Property Recorded:

Water Supply: [ ] Public [] Individual [X] Well
Evaluation Method: [X] Auger Boring [X] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

[ ] Spring [ ] Municipal
[ ] Cut
[ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | SOIL MORPHOLOGY .1941 .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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Boring #1 | P:t 75% LS | 0-27 | Fill / Existing | | 754 | 54 | | | | .25 | 39" Bed repair |
| | | 27-46 | ABK/C | SI PI FR/SCK | | | | | | | |
| | | 46-54 | ABK/CL | SI PI FR/SCK | | | | | | | |
| Boring #2 | Augur 75% LS | 0-6 | GR/CL | SS/SPFR/SCKP | 748 | 48 | | | | .25 | 36" Bed Repair |
| | | 6-37 | ABK/C | S/PI/FR/SCK | | | | | | | |
| | | 37-48 | SBK/CL | S/PI/FR/SCKP | | | | | | | |
| Boring #3 | P:t | 0-27 | Fill / Existing | | 754 | 754 | | | | .25 | 40" |
| | | 27-48 | ABK CC | SI PI FI/SCKP | | | | | | | |
| | | 48-54 | ABK/CL | S/PI FR/SCKP | | | | | | | |
| Boring #4 | pt | 0-22 | Fill — Existing | | 754 | 754 | | | | .25 | 40" |
| | | 22-49 | ABK/C | S/PI/FR/SCK | | | | | | | |
| | | 49-54 | ABK/CL | S/PI/FR/SCK | | | | | | | |
| Boring #5 | | | | | | | | | | | |
| Boring 6 | | | | | | | | | | | |
| | | | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | NA | .25 |
| System Type(s) | NL | IL |
| Site LTAR (gpd/sq ft) | NA | .25 |

Other Factors (.1946):
Soil Evaluation By: Matthew Hall
Others Present:
Site Classification (.1948): 12/6/20
Site Evaluation By: PS
Others Present: Matthew Hall

Sheet:
File:
AppID:

**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 |
| | | SiCL-Silty Clay Loam | | |
| CV-Convex Slope | | | | pr-Prismatic |
| T-Terrace | | | | Sap-Saprolite |
| FP-Flood Plain | | CL-Clay Loam | | **Structure Prefixes** |
| D-Drainage Way | | SCL-Sandy Clay Loam | | w-weak<br>m-moderate<br>s-strong f-fine<br>m-medium<br>c-coarse |
| | | Silt | | |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | |
| | | SiC-Silty Clay | | |
| | | C-Clay | | |

**Consistence**
**Moist**
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

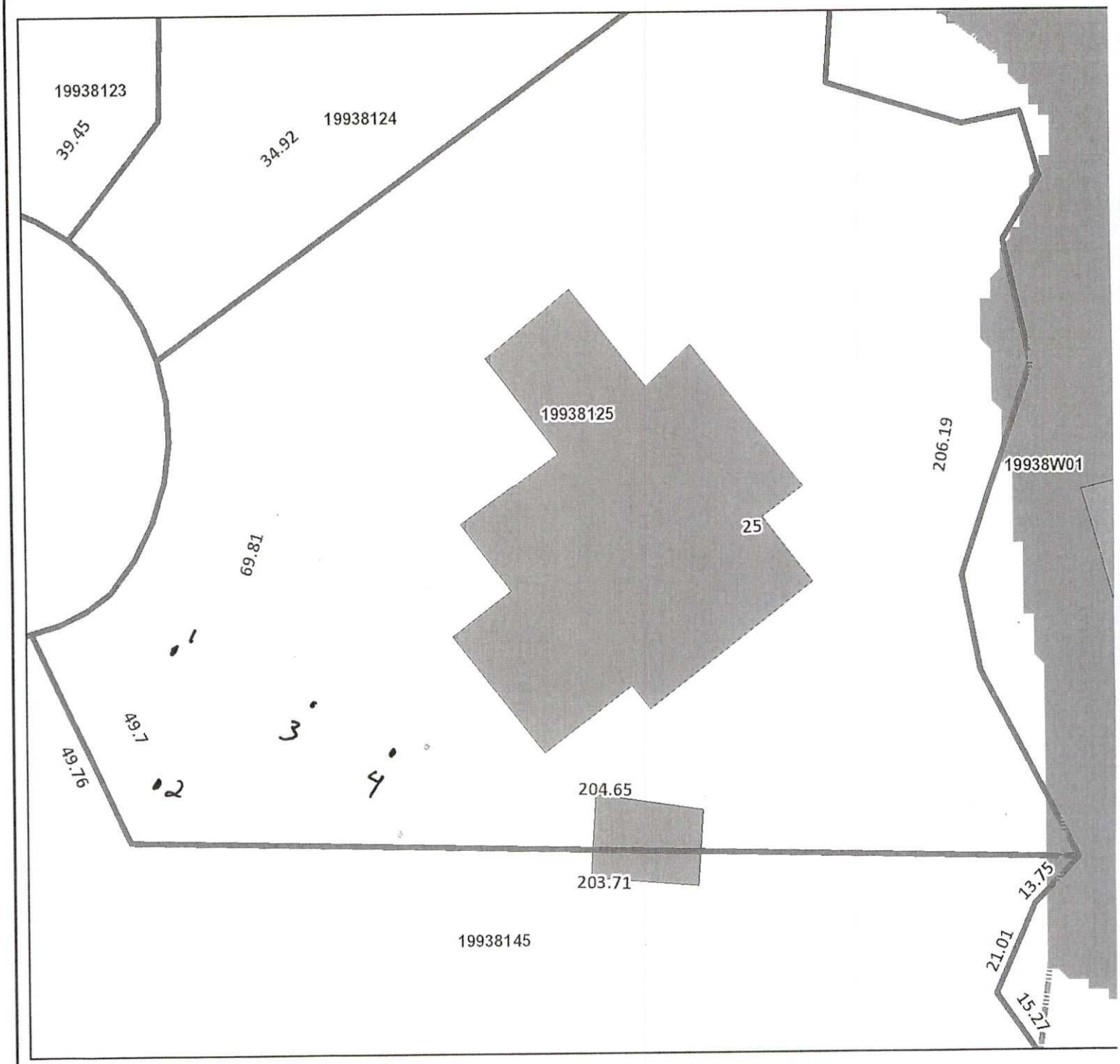
**Consistence**
**Wet**
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

**Mineralogy**
SEXP-Slightly Expansive
EXP-Expansive

**Classification**
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

**Soil Boring Location Sketch**

# On-site Wastewater Soil Location Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 12164
PID #: 19938125
File #: 32553A

Authorized Agent: _____ Date: 12/6/20

Owner/ Legal Agent: _____ Date: _____

N

1 inch = 30 fee

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

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

File #: 32553A Permit #: 12164 Tax Parcel #: 19938125

Property Owner: Freddy Knox

Job Location Address: 12601 Withers Cove Road

City: Charlotte State: NC Zip Code: 28278

**Improvement Permit Issuance Date:** 12/16/20 **Construction Authorization Issuance Date**_____

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: 360 GPD Site LTAR: .125 GPD/ft² (For new installations only.)

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

Drainfield Design ☒ 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) ____

Distribution Device: ____

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

Bed Depth: 40 inches

Bed Width: 15 feet

Total line length: 70 feet

# of Lines: 3 @ 70 feet

Depth of Media: 24 inches (Type) Stone & BD.

Distribution Device: 6" Manifold

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other ____

Minimum System Setbacks

Distance from Building Foundation: 710 feet

Distance from Property Line: 75 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

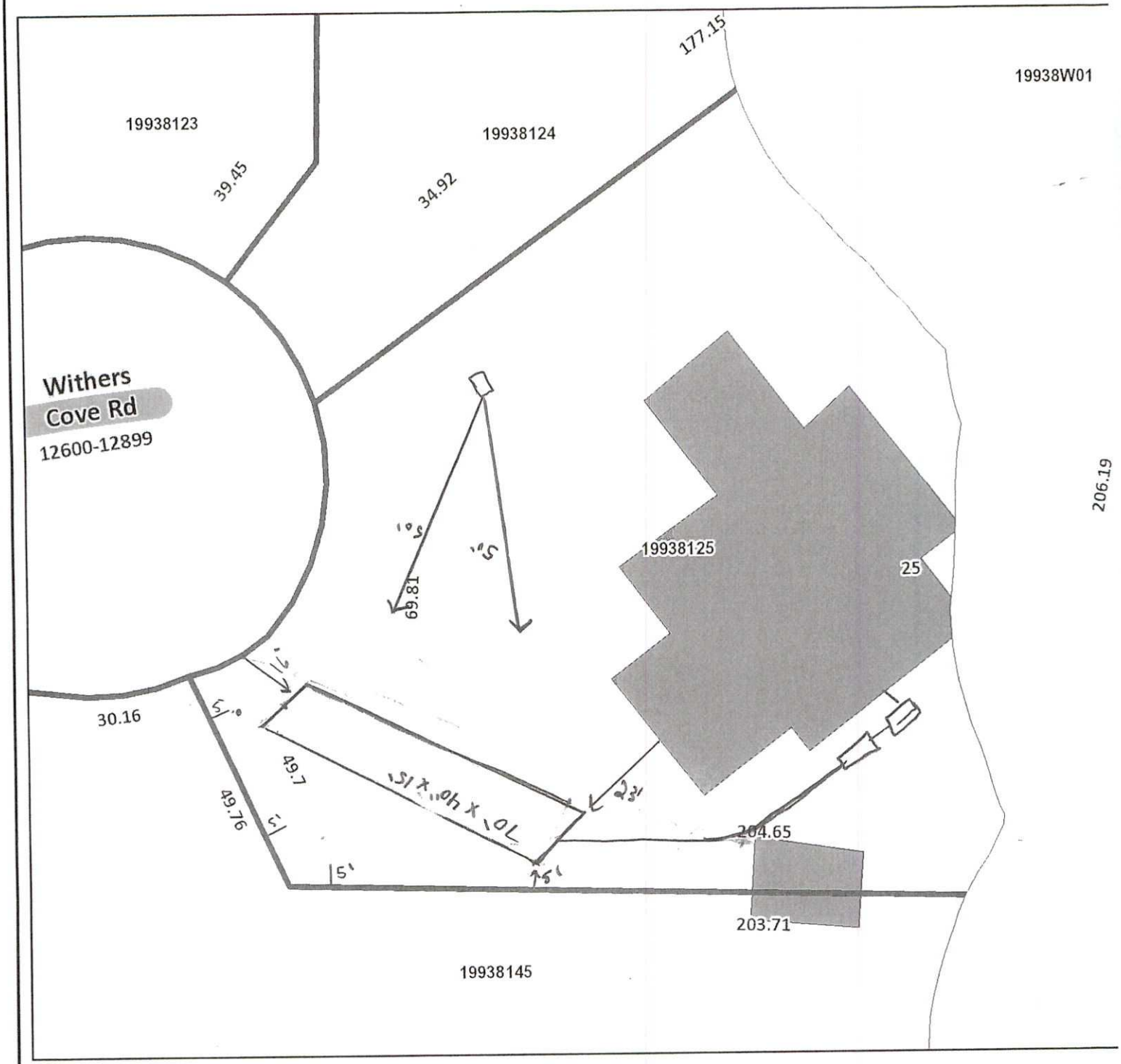
See Attached

Comments: System Classification & Type: IIb repair bed, pump to pressure manifold

Authorized Agent: Matthew Hall Signature: Matthew Hall

Owner Signature: ____ Date: ____

# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 32553
PID #: 19938125
File #: 12164

Authorized Agent: _____ Date: 12/06/20

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fe

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 #: 32553A Permit #: 12164 Tax Parcel #: 1943125

Property Owner: Freddy Eanes

Job Location Address: 12601 withers cove

City: Charlotte State: NC Zip Code: 28278

**Operation Permit Issuance Date:** 12/19/20 Contractor Name: Greenway waste Sol.

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: Existing gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Existing N/A Effluent Pump Model: Existing

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: 40 inches

Bed Width: 12 feet

Total line length: 60 feet

# of Lines: 3 @ 60 feet

Depth of Media: 24 inches (Type) Stone/GBD

Depth of Cover: 12 inches

Distribution Device: P. Manifold

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >50 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: 12/19/20

Pump & Controls Inspected: Existing

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See Attached Diagram.

Installed at 40" to ensure separation from old system.

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: IIb repair bed system, pumped to P. manifold, N/A/N/A

DENR Authorized Agent: Matthew Hall Signature: Matthew Hall

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 #: 32553A Permit #: 12164 Tax Parcel #: 1493 8125

Property Owner: Freddy Kanos

Job Location Address: 12601 Withers Cove

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: IIb

*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.

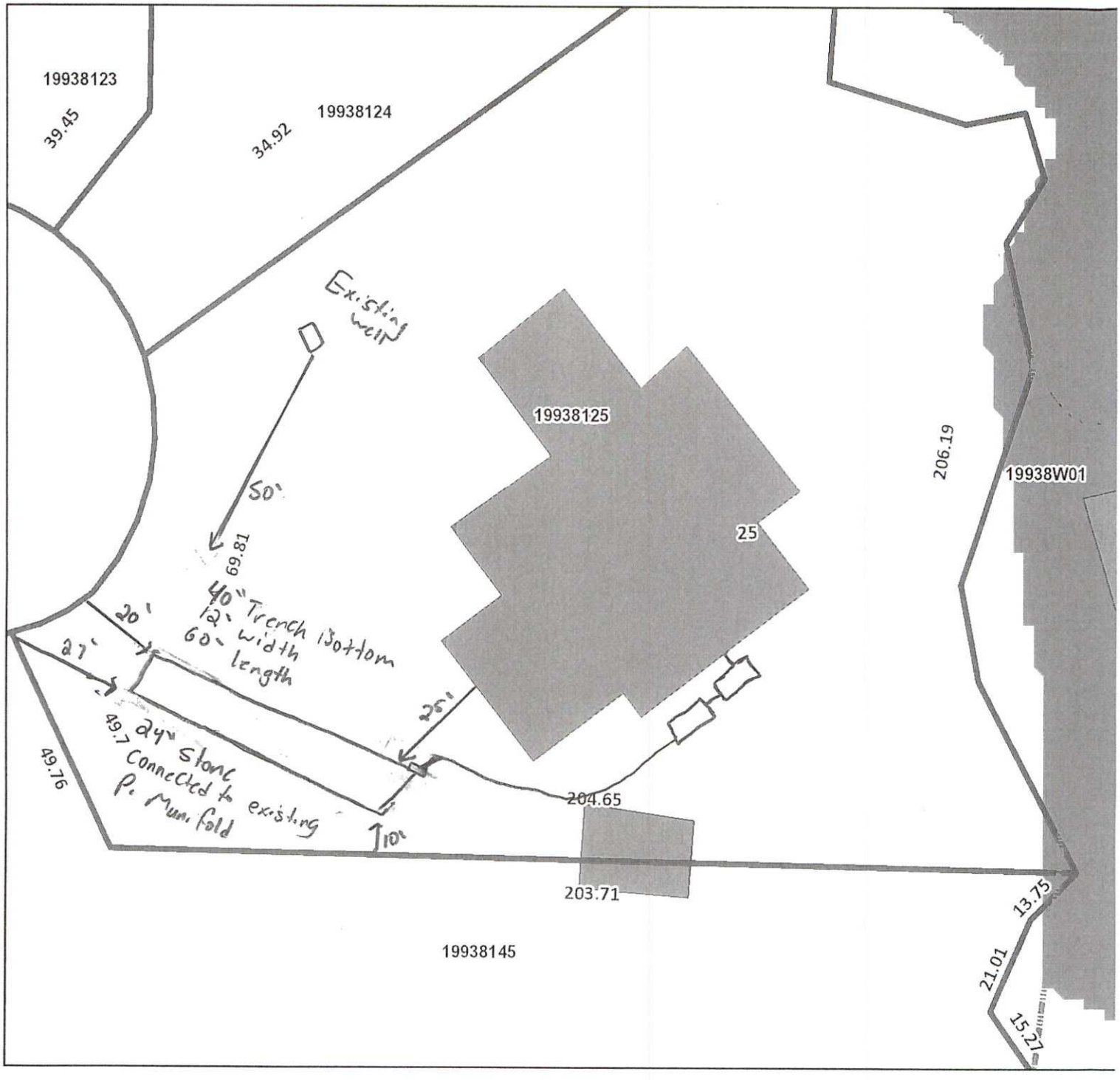
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Matt Hall Date: 12/19/20

Signature: Matt Hall

# On-site Wastewater Operation Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 12164
PID #: 19938125
File #: 32553A

Authorized Agent: _____ Date: 12/14/20

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee