# Supervisor/Administrative Professional Checklist

**New Septic** ☐ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐ Repair ☑

**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 #: | |
| WASPS App #: | |
| Primary ES assigned to project: | April Bumgarner |
| Secondary ES assigned to project: | |
| Project Type: | Repair |
| Site Evaluation Information:<br>.1939(a)(1) - Topography and Landscape Position Recorded? | Yes |
| Site Evaluation Information:<br>.1940(a-g) - Slope % Recorded? | Yes |
| Site Evaluation Information:<br>.1939(a)(2) - Texture Class Recorded? | Yes |
| Site Evaluation Information:<br>.1939(a)(2) - Structure Type Recorded? | Yes |
| Site Evaluation Information:<br>.1939 (a)(2) - Consistence Recorded? | Yes |
| Site Evaluation Information:<br>.1939(a)(2) - Mineralogy Recorded? | Yes |
| Site Evaluation Information:<br>.1939(a)(3) - Soil Wetness Condition Recorded? | Yes |
| Site Evaluation Information:<br>.1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered? | Yes |
| Site Evaluation Information:<br>.1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered? | Yes |
| Site Evaluation Information:<br>.1939(a)(6) - Sufficient Available Space Recorded? | Yes |
| Site Evaluation Information:<br>.1937(m) - Are the Profile Locations Shown? | Yes |
| Site Evaluation Information:<br>.1939(a) - Are the S/PS Profiles in system & in repair area? | Yes |
| Site Evaluation Information:<br>.1939(d), .1955, .1956, .1957 - LTAR | Yes |
| Improvement Permit/Construction Authorization:<br>.1937(g), 130A-336(a) - Proposed System Type stated - Initial | Yes |
| Improvement Permit/Construction Authorization:<br>.1945(b) - Proposed System Type stated - Repair | Yes |
| Improvement Permit/Construction Authorization:<br>130A-336(a)(3) - System location identifiable by setbacks - Initial | Yes |
| Improvement Permit/Construction Authorization:<br>.1937(g), .1945(b) - System components shown - Initial | Yes |
| Information Permit/Construction Authorization:<br>.1945(b) - Repair area shown | Yes |
| Improvement Permit/Construction Authorization:<br>.1937(f)(g) - Does System design match facility, flow & WW characteristics? | Yes |
| Improvement Permit/Construction Authorization:<br>.1937(f)(g) - Is System design consistent with soil/site conditions? | Yes |
| Improvement Permit/Construction Authorization:<br>.1937(f)(g) - Is the System located in the approved area? | Yes |
| Improvement Permit/Construction Authorization:<br>130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated? | Yes |
| Improvement Permit/Construction Authorization:<br>.1937 (g) - Trench depth correct? | Yes |
| Improvement Permit/Construction Authorization:<br>.1937(g) - Trench width correct? | Yes |
| Improvement Permit/Construction Authorization:<br>.19379(g) - Trench length correct? | Yes |
| Improvement Permit/Construction Authorization:<br>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? | Yes |
| Corrections/modifications needed? | No |
| Comments: | |
| IA issued date: | |
| OP Issued date: | |
| Review performed by: | Jeremy Michael |
| Date performed: | 3/2/2018 |

Created at 3/2/2018 2:39 PM by Michael, Jeremy
Last modified at 3/2/2018 2:39 PM by Michael, Jeremy

Close

MECKLENBURG COUNTY
HEALTH DEPARTMENT

6679A #9462

# 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 N/A

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 10515408
STREET ADDRESS: 9421 Hood Road
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: n/a
LOT #: _____ LOT SIZE (acres): 2.5
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: 2200
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
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? 1956 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:

NAME: Richard Herrington
ADDRESS: 9421 Hood Road
CITY: Charlotte
STATE: NC ZIP: 28215
WORK PHONE: 704.752.1404
MOBILE PHONE: 704.534.7656
FAX: _____
E-MAIL: rherrington16@gmail.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: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

**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.

_____ 2-28-16
Property Owner's or Owner's Legal Representative Signature — 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:

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___

PROPERTY ID #: ___

COUNTY: ___

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

OWNER: Richard Herrington

ADDRESS: 9421 Hood Rd

APPLICATION DATE ___

DATE EVALUATED: 2-27-18

PROPOSED FACILITY: Res

PROPOSED DESIGN FLOW (.1949): 360

PROPERTY SIZE: ___

LOCATION OF SITE: Same

PROPERTY RECORDED: ___

WATER SUPPLY: ☒ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixe

| PROFILE NO. | .1940 LANDSCAPE POSITION / SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE / TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE / MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS / COLOR | .1948 SOIL DEPTH | 1956 SAPRO CLASS | 1944 RESTR. HORIZ. | PROFILE CLASS / LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | L 8% | 0-10" | scl WSBK | SSSP VFr SEXP | | | | | |
| | | 10-28" | C SBK | S P Fr SEXP | | | | | |
| | | 28-48" | Cl WSBK | SS SP Fr SEXP | N/A | 48" | N/A | N/A | PS .3 |
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| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | PS |
| System Type(s) | | IIIg |
| Site LTAR | | .3 |

OTHER FACTORS (.1946): ___

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: April Bumgarner

OTHER(S) PRESENT: ___

REMARKS:

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 #: 6679A Permit #: 9462 Tax Parcel #: 105-154-08

Property Owner: Richard Herrington

Job Location Address: 9421 Hood Rd

City: Charlotte State: NC Zip Code: 28215

**Improvement Permit Issuance Date:** N/A **Construction Authorization Issuance Date** 3-28-18

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

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

Drainfield Design ☐ N/A
Trench Depth: 34" inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 300 feet
# of Lines: 3 @ 100 feet
Depth of Media: 12 inches (Type) 25% Reduction
Distribution Device: Drop Box / End cap

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 Not in use ☐ Community Well
☐ Other _____

Minimum System Setbacks
Distance from Building Foundation: 30' feet
Distance from Property Line: 10'+ feet
Distance from Water Supply Source: 10' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

option 1: Check existing distribution Box for roots, and rehook to existing system.

option 2: Install repair system.

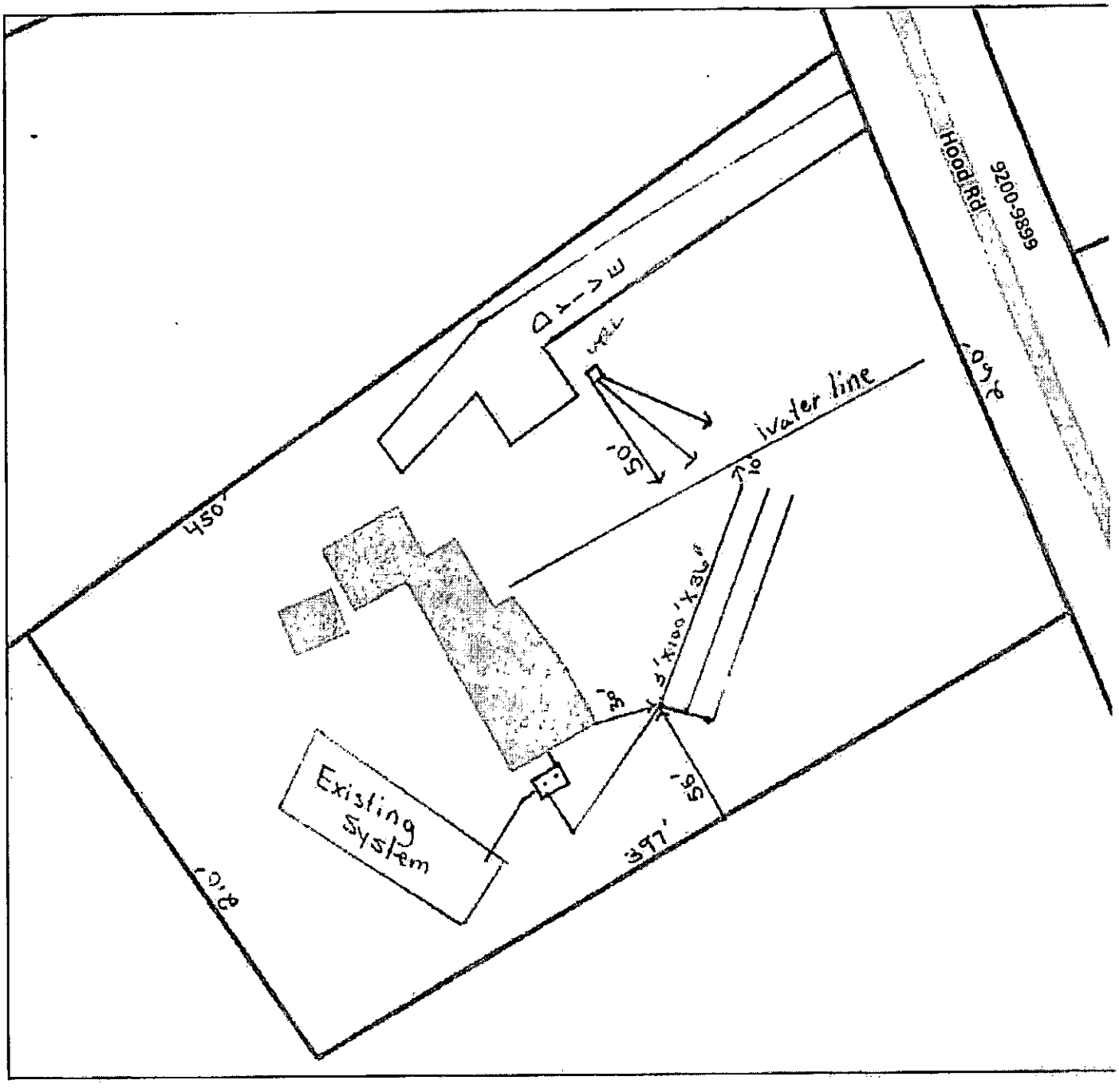
Call for a preconstruction meeting before installing repair: April Burngarner 704 512 9831

Comments: System Classification & Type: IIIg1

Authorized Agent: April Burngarner Signature: April Burngarner

Owner Signature: Richard Herrington Date: 5-6-18

# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 9462
PID #: 105-154-08
File #: ~~99~~ 6679A

Authorized Agent: April Baumgarner Date: 2-28-18

Owner/ Legal Agent: [signature] Date: 3-6-18

1 inch = 60 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 #: L6679A Permit #: _____ Tax Parcel #: 105-154-08

Property Owner: Richard Herrington

Job Location Address: 9421 Hood Rd

City: Charlotte State: NC Zip Code: 28215

**Improvement Permit Issuance Date:** N/A **Construction Authorization Issuance Date** 2-28-18

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: 360 GPD

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

Liquid Capacity of Septic Tank: Existing 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: 300 feet

# of Lines: 3 @ 100 feet

Depth of Media: 12 inches (Type) 25% Reduction

Distribution Device: Drop Box / End Cap

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 Not in use ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 30' feet

Distance from Property Line: 10'+ feet

Distance from Water Supply Source: 10' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

option 1: Check existing distribution Box for roots, and rehook to existing system.

option 2: Install repair system.

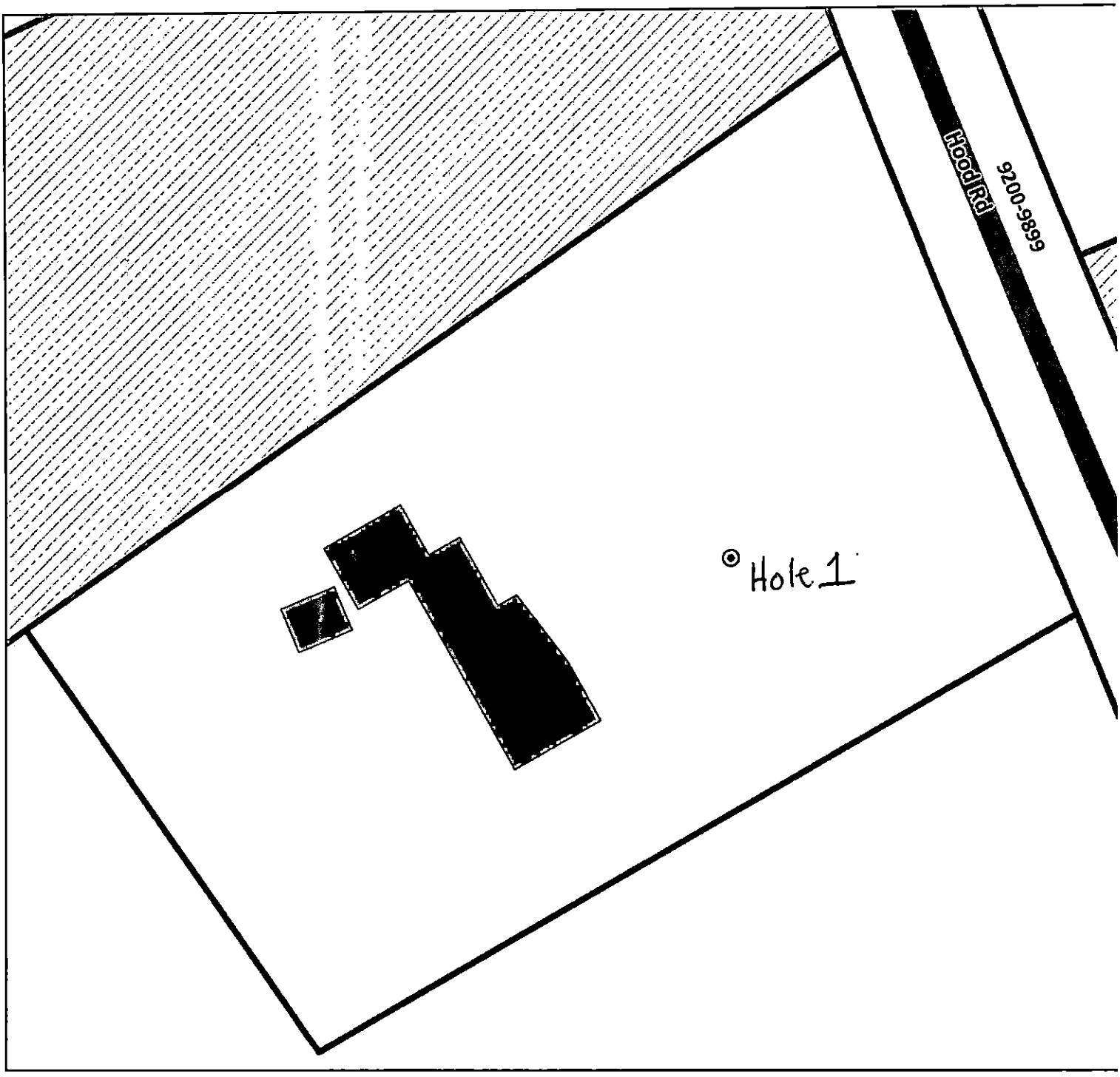
Call for a preconstruction meeting before installing repair: April Bumgarner 704 512 9831

Comments: System Classification & Type: IIIg1

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____

# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #: 105-154-08
File #:

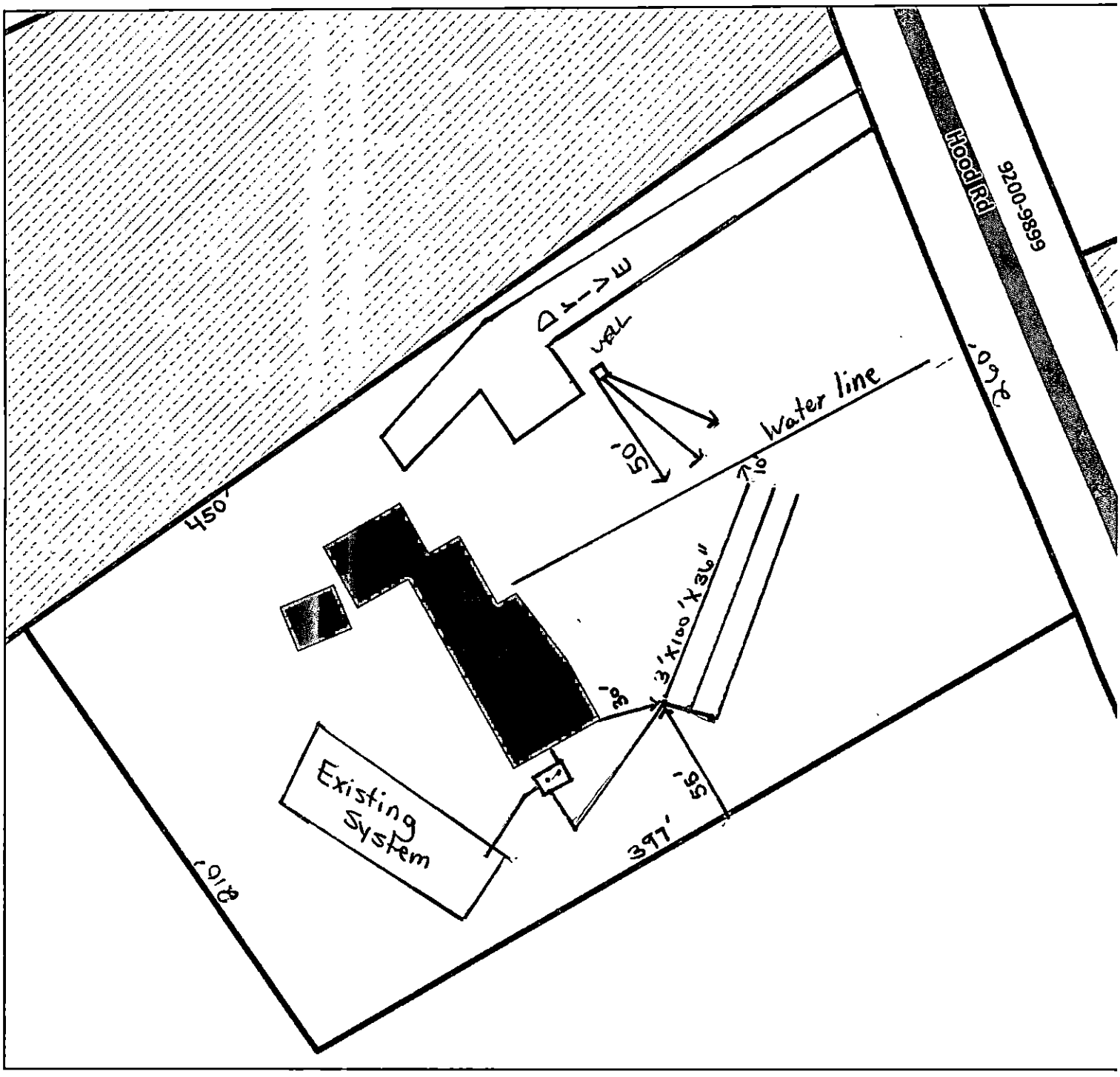
Authorized Agent: _____ Date: _____

Owner/ Legal Agent: _____ Date: _____

N

1 inch = 60 fee

# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #: 105-154-08
File #:

Authorized Agent: April Bumgarner Date: 2-28-18

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 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

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

File #: 6679A Permit #: 9462 Tax Parcel #: 105-154-08

Property Owner: Richard Herrington

Job Location Address: 9421 Hood Rd.

City: Charlotte State: NC Zip Code: 28215

**Operation Permit Issuance Date:** 5-23-2019 Contractor Name: Larry Hinkle

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: N/A gallons

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

Drainfield Installation ☐ N/A

Trench Depth: 36-48 inches Soil Looks good Deeper on some lines

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 380 feet

# of Lines: 4 @ 75 feet

Depth of Media: 12 inches (Type) Quick 4 chambers

Depth of Cover: 24-36 inches

Distribution Device: End Caps

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

Bed Depth: ~~36-48~~ 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: 20 feet

Distance from Property Line: 40 feet

Distance from Water Supply Source: 88 feet

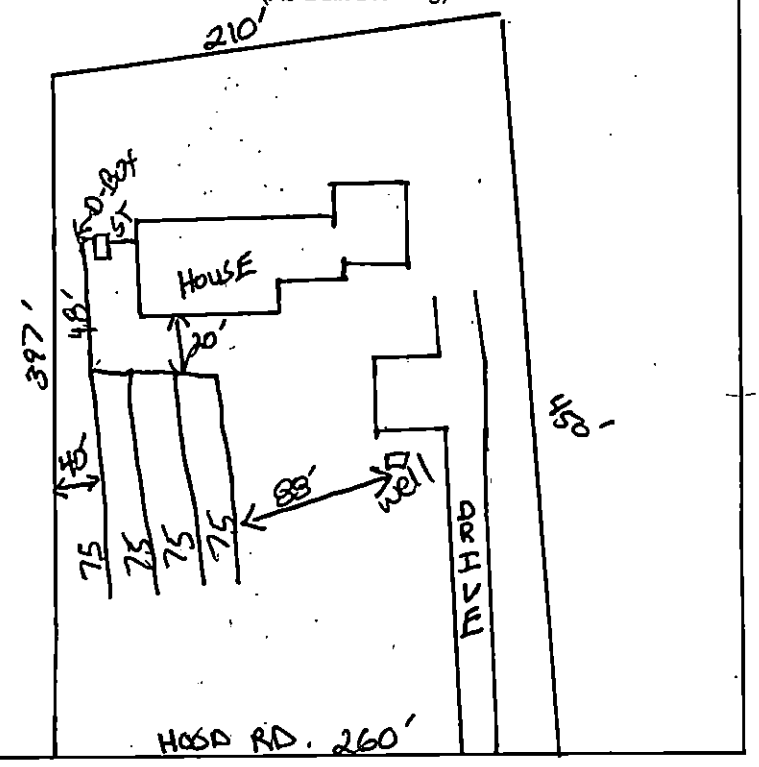
Inspection Dates

Tank(s) Inspected: N/A Existing

Excavation Inspected: 5-23-2018

Pump & Controls Inspected: N/A

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: III g IQ4, G, NA, NA

Lines to original septic system were capped off.

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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 #: 6679A Permit #: 9462 Tax Parcel #: 105-154-08

Property Owner: Richard Herrington

Job Location Address: 9421 Hood 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: Jeremy Michael Date: 5-23-2018

Signature: Jeremy Michael

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: ~~6679A~~ 6679A DATE: 5/16/90

TC: 105.131-50 ☑ L ☐ CRT

SERIAL Nº 13307

Name of Owner Bostic Roberta Juris.:

Address of Property 9421 Hood Rd

**Inspection Data:**

Tank Material Pcc

Total Length of Drainfield 130'

Number of Lines 2 @ 65'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source > 100'

Excavation Inspected 5/16/90

Tank(s) Inspected 5/16/90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 990 Gallon CTR# 68

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☑ altered or repaired

☑ ~~in~~ accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ 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 10 NCAC 10A .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.

COMMENTS: System upgraded to Accommodate Additional bedroom - Tank installed due to inaccessibility to existing tank - 1

Judy J. Kuis R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

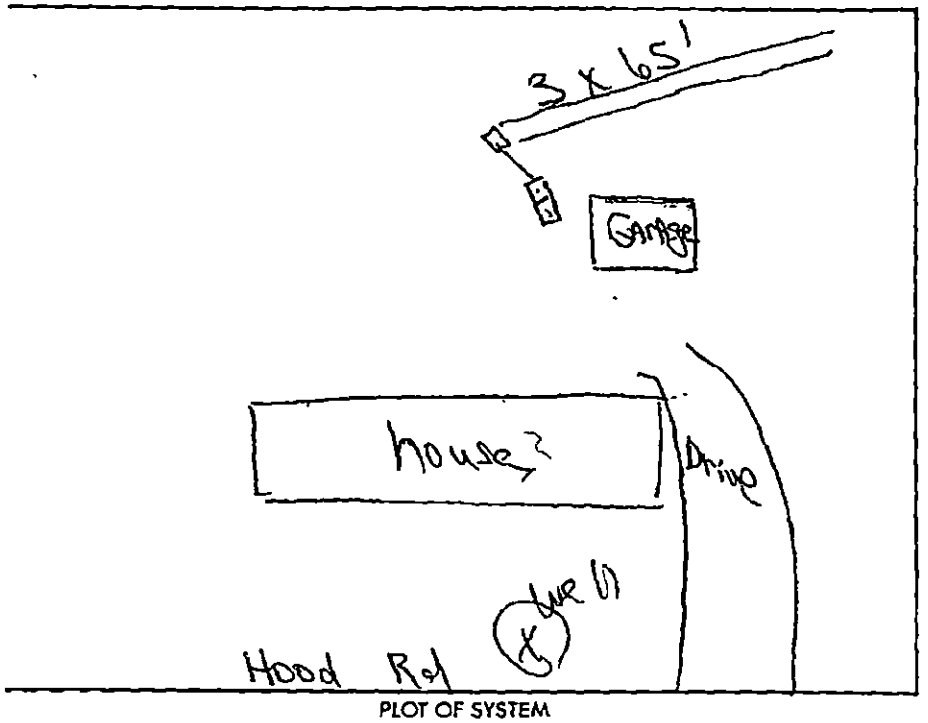
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4679A ~~4615A~~ DATE: 5/10/90

TC: 105131.50 ☐ L

SERIAL Nº 13287

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/3/90. All work shall be completed on or before 6/10/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction pcc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 130' feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

NAME OF OWNER Bostic, Roberta Jo

LOCATION OF PROPERTY 9421 Hood Rd

Comments: Install New Tank D-Box 2 Trenches 3'x65'x17' Stone.

Division or Section Head

Judy J. Kuss R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

$$\frac{2\pi}{3} + \frac{1}{2}$$