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 #: 14175 Permit #: 7097 Tax Parcel #: 013-081-04

Property Owner: Paul Warner

Job Location Address: 6501 Jim Kidd Rd.

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 11-14-2016 Contractor Name: Larry Hinkle

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Dellinger Effluent Pump Model: _____

Drainfield Installation ☒ N/A Existing

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 Existing

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

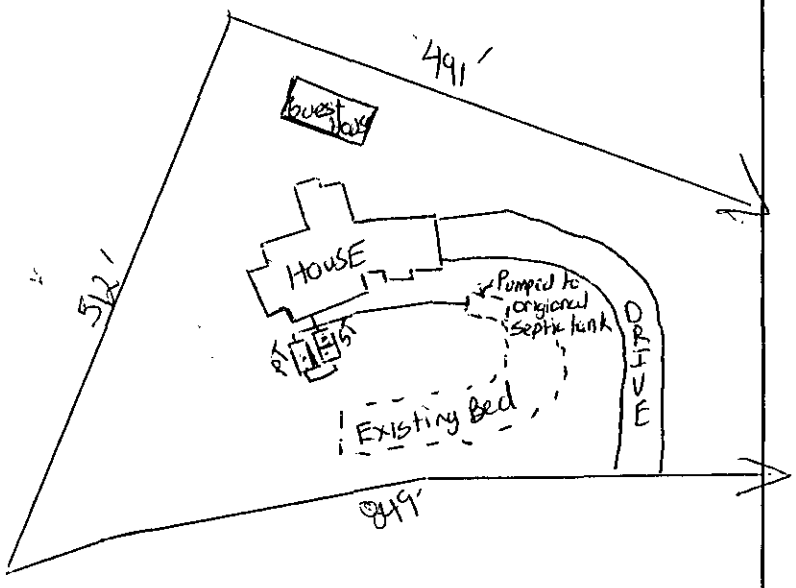
Inspection Dates

Tank(s) Inspected: 11-14-2016

Excavation Inspected: N/A

Pump & Controls Inspected: 11-14-2016

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: GBD, P, NA, NA

DHHS Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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

File #: 14175 Permit #: 7097 Tax Parcel #: 013-081-04

Property Owner: Paul Warner

Job Location Address: 6501 Jim Kidd Rd.

City: Huntersville State: NC Zip Code: 28078

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: IIIb

*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: 11-14-2016

Signature: Jeremy Michael

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

Septic System Pre-Construction Meeting Checklist

File # 14175 App # ~~7047~~ 7097 Tax Parcel # 013-081-04

Property Owner: _____

Job Location Address: 6501 Jim Kidd Rd

City: _____ State: NC Zip Code: _____

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: Repair Exempt

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.**

Authorized Agent — Date: 11-7-2016

Larry Hinkle Bryan Davenport
Others Present

30 AUG '16 PM12:02

MECKLENBURG COUNTY
HEALTH DEPARTMENT 14175 #8472

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Collin Homes INC
ADDRESS: 9435 Bradfies Ford Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 980-237-7143
ALTERNATE PHONE: 704-456-5894
E-MAIL: collinhomesinc@yahoo.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Paul + Tara Warner
ADDRESS: 6501 Jim Kidd Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-919-8614
ALTERNATE PHONE:
E-MAIL: pwarner33@yahoo.com

JOB LOCATION INFORMATION
TAX PARCEL #: 01308104
STREET ADDRESS: 6501 Jim Kidd Rd
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ■ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

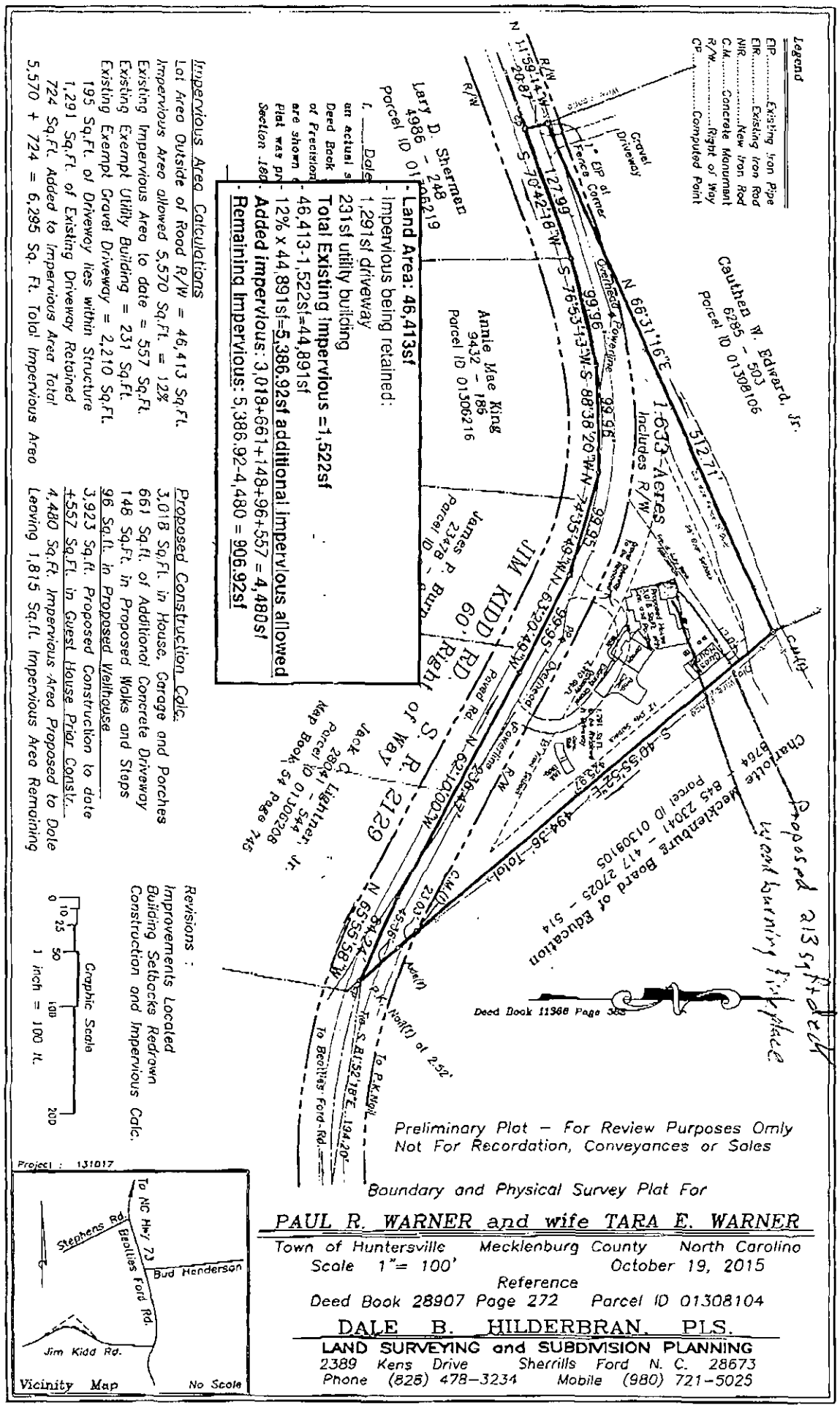
Charlene Collin 8/30/16
Owner's/Agent's Signature Date

O.K. TO USE EXISTING SYSTEM FOR A DECK ADDITION
9/7/16

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11



- Land Area: 46,413sf
- Impervious being retained:
1,291sf driveway
231sf utility building
Total Existing Impervious =1,522sf
46,413-1,522sf=44,891sf
12% x 44,891sf=5,386.92sf additional impervious allowed
- Added impervious: 3,018+661+148+96+557 = 4,480sf
- Remaining Impervious: 5,386.92-4,480 = 906.92sf

Impervious Area Calculations
Lot Area Outside of Road R/W = 46,413 Sq.Ft.
Impervious Area allowed 5,570 Sq.Ft. = 12%
Existing Impervious Area to date = 557 Sq.Ft.
Existing Exempt Utility Building = 231 Sq.Ft.
Existing Exempt Gravel Driveway = 2,210 Sq.Ft.
195 Sq.Ft. of Driveway lies within Structure
1,291 Sq.Ft. of Existing Driveway Retained
724 Sq.Ft. Added to Impervious Area Total
5,570 + 724 = 6,295 Sq. Ft. Total Impervious Area

Proposed Construction Calc.
3,018 Sq.Ft. in House, Garage and Porches
661 Sq.Ft. of Additional Concrete Driveway
148 Sq.Ft. in Proposed Walks and Steps
96 Sq.Ft. in Proposed Wellhouse
3,923 Sq.ft. Proposed Construction to date
+557 Sq.Ft. in Guest House Prior Constr.
4,480 Sq.Ft. Impervious Area Proposed to Date
Leaving 1,815 Sq.Ft. Impervious Area Remaining

Revisions :
Improvements Located
Building Setbacks Redrawn
Construction and Impervious Calc.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/31/16	**Amount:**	100.00
Receipt #:	101636	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X43191
Contractor: COLLIN HOMES
Attn:
Address: 9935 BEATTIES FORD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 6501 JIM KIDD RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00					

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 COLLIN HOMES INC is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

6501 JIM KIDD ROAD HUNTERSVILLE
Number Street Town
(Or Parcel Number)

PAUL WARNER
Property Owner (print name)

Property Owner (signature)

8/31/16
Date

Supervisor/Administrative Professional Checklist

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

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 9/1/16 LE 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. ☐ _____