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

Septic System Pre-Construction Meeting Checklist

File # 3983B App # 7418 Tax Parcel # 023-252-54

Property Owner: Jacob B. Mack

Job Location Address: 5944 Mt. Point Lane

City: Charlotte State: NC Zip Code: 28216

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: _____

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: 12/21/16

Others Present: Willy Christenbury

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 39838 Permit #: 7418 Tax Parcel #: 023-252-54

Property Owner: Jacob Mock

Job Location Address: 5944 Mt. Point Lane

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 1/18/17 Contractor Name: Willy Christenbury

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture: Zellinger Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 2 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 4 @ 75 feet

Depth of Media: 16 inches (Type) PPBPS

Depth of Cover: 6 inches

Distribution Device: Flow Divider / D-Box

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: 46'/32' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >100' feet

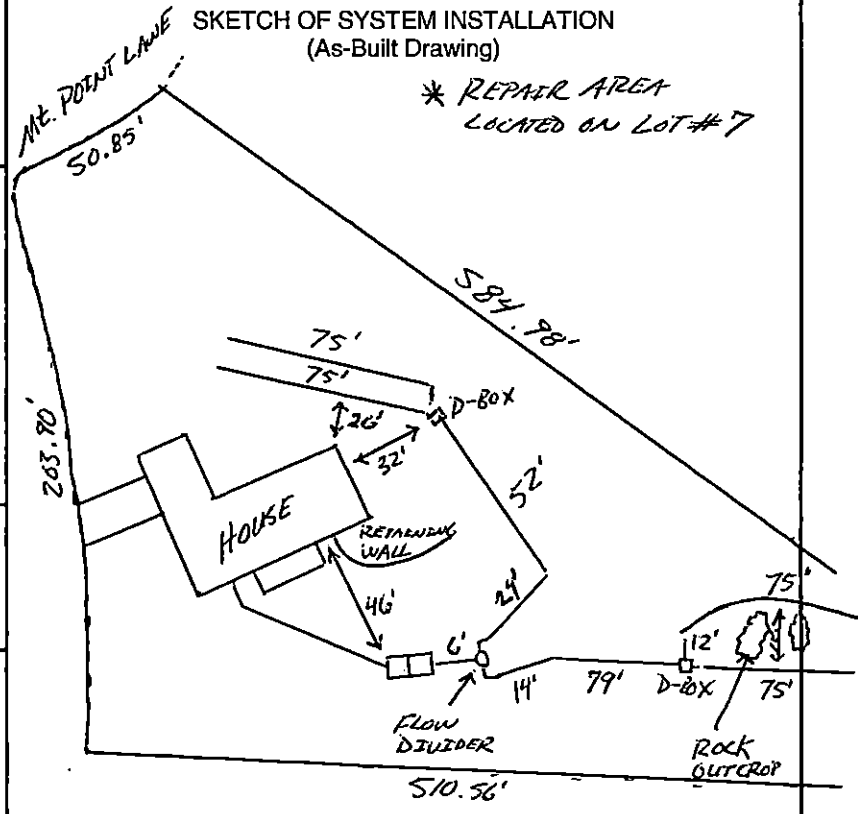
Inspection Dates

Tank(s) Inspected: 1/17/17

Excavation Inspected: 1/17/17 / 1/18/17

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: III, PPBPS, GRAVITY, NA, NA

DHHS Authorized Agent: Jeremy Michelau, REHS Signature: Jeremy Michelau, REHS

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

File #: 37838 Permit #: 7418 Tax Parcel #: 023-252-54

Property Owner: Jacob Mock

Job Location Address: 5944 Mt. Point Lane

City: Charlotte State: NC Zip Code: 28216

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: IIIc

*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: Engineer letter to be on file before OP Release

DENR Authorized Agent: Jeremy Micheloni, REHS Date: 1/18/17

Signature: Jeremy Micheloni, REHS