# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: _____

Assigned Inspector: _____

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☐ Use Existing Fees $100.00: _____Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☒ Septic file complete: 8/9/23

☐ Release final hold in Winchester: _____

**Comments:**

Please Release Occupancy Hold

App. #: 12269

**PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

**MECKLENBURG COUNTY HEALTH DEPARTMENT GROUNDWATER & WASTEWATER SERVICES**

Well Fee: Date:

Septic Fee: 250.00

Date: 6/22/2021

**FILE #** 11003B

SEPTIC / TYPE APPLICATION: N/A (•) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: N/A ( ) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX / PARCEL #: 19715535 [ ] PO

STREET ADDRESS: 11514 BRIEF RD

CITY: Charlotte

STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: MECKLENBURG

General Comments:

**BUILDING INFORMATION:**

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 7500

NUMBER OF BEDROOMS: 6

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[x] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: [x] N/A

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ( ) Yes (•) No

TYPE:

WATER SUPPLY:

[ ] MUNICIPAL [x] PRIVATE WELL [ ] PUBLIC WELL [ ] SHARED WELL [ ] OTHER

PROPOSED USE OF WELL:

( ) N/A ( ) IRRIGATION (•) POTABLE (Drinking Water) ( ) OTHER

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

[ ] N/A [x] ANY TYPE [x] CONVENTIONAL [x] ACCEPTED [x] INNOVATIVE [x] ALTERNATIVE [ ] OTHER

RANK: 1 4 2 3 0

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ( ) Yes (•) No | GRADING/SOIL REMOVAL PERFORMED | ( ) Yes (•) No |
| EXISTING WASTEWATER SYSTEMS | ( ) Yes (•) No | JURISDICTIONAL WETLANDS | ( ) Yes (•) No |
| WELLS, SPRINGS, OR WATER LINES | ( ) Yes (•) No | APPROVAL REQ'RD BY OTHER AGENCY | ( ) Yes (•) No |
| EASEMENTS OR RIGHT-OF-WAYS | ( ) Yes (•) No | WASTEWATER OTHER THAN DOM. SEWAGE | ( ) Yes (•) No |
| CHEMICAL/PETROLEUM STORAGE TANKS | ( ) Yes (•) No | KNOWN UNDERGROUND CONTAMINATION | ( ) Yes (•) No |
| WASTE STORAGE | ( ) Yes (•) No | GROUNDWATER USE RESTRICTIONS/VARIANCES | ( ) Yes (•) No |

**PROPERTY OWNER:**

NAME: JOHN FRIEND
ADDRESS: 4621 CHUCKWOOD DR
CITY: MINT HILL
STATE: NORTH CAROLINA ZIP: 28227
HOME PHONE: WORK:
MOBILE: FAX:
EMAIL:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: TIMOTHY CHAPMAN
ADDRESS: 10131 ANNIE OAKLEY TRI
CITY: CHARLOTTE
STATE: NORTH CAROLINA ZIP: 28227
HOME PHONE: WORK:
MOBILE: 704-408-7697 FAX:
EMAIL: TCHAPMAN34@GMAIL.COM

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ☑ UNKNOWN

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 7 15 2021 ☐ N/A

PRINT Update Go to Front Counter Duplicate

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

**IMPROVEMENT PERMIT for a RESIDENTIAL**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

Permit #: **30012269** GWS File #: **11003B** Tax Parcel #: **197-155-35**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 8/4/2026

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size ($ft^2$): 7500 # Bedrooms: 6 Max. Occup.: 12

Building Foundation: Crawl Space Water Supply: Private Well

**II. Initial System Type:** Accepted **System Classification:** IIIg

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 720 | LTAR (gpd/$ft^2$): | .25 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 2160 | Total Trench Length (ft): | 720 |
| Maximum Trench Depth (in): | 20 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** Accepted **System Classification:** IIIg

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 720 | LTAR (gpd/$ft^2$): | .25 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 2160 | Total Trench Length (ft): | 720 |
| Maximum Trench Depth (in): | 20 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport Owner/Legal Agent: _____
Print Name

Signature: Bryan Davenport Signature: _____

Date Issued: 8/4/2021

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

**IMPROVEMENT PERMIT for a RESIDENTIAL**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

Permit #: **30012269** GWS File #: **11003B**

**IV. Permit Conditions/Comments:**

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- a survey of the property will need to be supplied before issue of the OP and CA permit.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 8/4/2021

Owner/Legal Agent: _____
Print Name

Signature: _____

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


Property ID: 197-155-35 & 36
Lot #: 35 & 36
File #: 11003B
AppID: 12269

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: John Friend
Address: 4621 Chuckwood Dr, Mint Hill, NC 28227
Proposed Facility: 6 Bedroom House
Design Flow (.1949): 720 GPD
Location: 11508 & 11514 Brief Rd, Charlotte, NC 28227
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Timothy Chapman
Date Evaluated: 7/9/21
Property Size: 4.3 ac
Property Recorded: Unknown
[ ] Spring [ ] Municipal
[ ] Cut
[ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .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 | SS 6% | 0 - 4 | gr SL | SS SP FR SEXP | >42" | 42 | NA | NA | | **PS IV 0.25** | **28"** |
| | | 4 - 12 | sbk SCL | SS SP FR SEXP | | | | | | | |
| | | 12 - 35 | sbk/abk C | S P FI SEXP | | | | | | | |
| | | 35 - 42 | abk CL | SS SP FR SEXP | | | | | | | |
| Boring #2 | SS 6% | 0 - 6 | gr/sbk SCL | SS SP FR SEXP | >36" | 36 | NA | NA | | **PS IV 0.25** | **22"** |
| | | 6 - 30 | sbk C | S P FI SEXP | | | | | | | |
| | | 30 - 36 | abk CL | SS SP FR SEXP | | | | | | | |
| Boring #3 | SS 6% | 0 - 10 | gr/sbk SCL | SS SP FR SEXP | >36" | 36 | NA | NA | | **PS IV 0.25** | **22"** |
| | | 10 - 29 | sbk C | S P FI SEXP | | | | | | | |
| | | 29 - 36 | abk CL | SS SP FR SEXP | | | | | | | |
| Boring #4 | SS 6% | 0 - 3 | gr SL | SS SP FR SEXP | >34" | 34 | NA | NA | | **PS IV 0.25** | **20"** |
| | | 3 - 11 | sbk SCL | SS SP FR SEXP | | | | | | | |
| | | 11 - 24 | sbk/abk C | S P FI SEXP | | | | | | | |
| | | 24 - 34 | abk CL | SS SP FR SEXP | | | | | | | |
| Boring #5 | SS 7% | 0 - 4 | gr SL | SS SP FR SEXP | >36" | 36 | NA | NA | Need pit Grinding on Sap with auger | **US** | **NA** |
| | | 4 - 16 | abk CL | S P FI SEXP | | | | | | | |
| | | 16 - 22 | Saprolite | | | | | | | | |
| Boring #6 | SS 6% | 0 - 3 | gr L | SS SP FR SEXP | >45" | 45 | NA | NA | | **PS IV 0.3** | **31"** |
| | | 3 - 35 | sbk C | S P FI SEXP | | | | | | | |
| | | 35 - 45 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IIIbg | IIIbg |
| Site LTAR (gpd/sq ft) | **0.25*** | **0.25*** |

***Not valid for area near Boring #5.**

Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Jacob
Others Present:

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



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

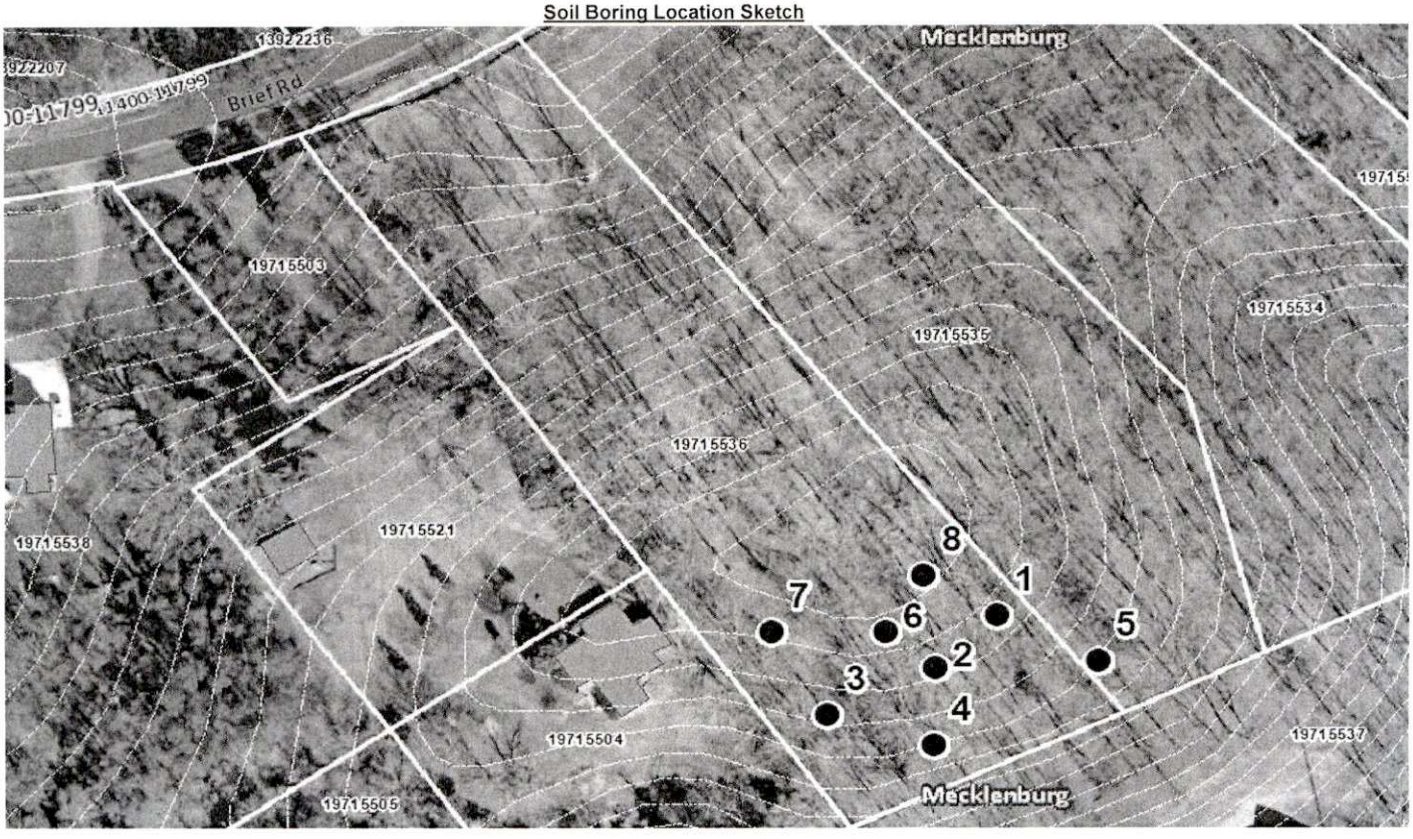
| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | General Comments | Profile Class & LTAR | Maximum Trench Bottom Depth for 3' Wide Conventional Trench |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Boring #7 | SS 6% | 0 - 3 | gr SL | SS SP FR SEXP | >38" | 38 | NA | NA | | PS IV 0.25 | 24" |
| | | 3 - 10 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | 10 - 28 | abk C | S P FI SEXP | | | | | | | |
| | | 28 - 38 | abk CL | SS SP FR SEXP | | | | | | | |
| Boring #8 | SS 6% | 0 - 3 | gr SL | SS SP FR SEXP | >34" | 34 | NA | NA | | PS IV 0.25 | 20" |
| | | 3 - 12 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | 12 - 25 | sbk/abk C | S P FI SEXP | | | | | | | |
| | | 25 - 34 | abk CL | SS SP FR SEXP | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**COMMENTS: Lots to be combined.**

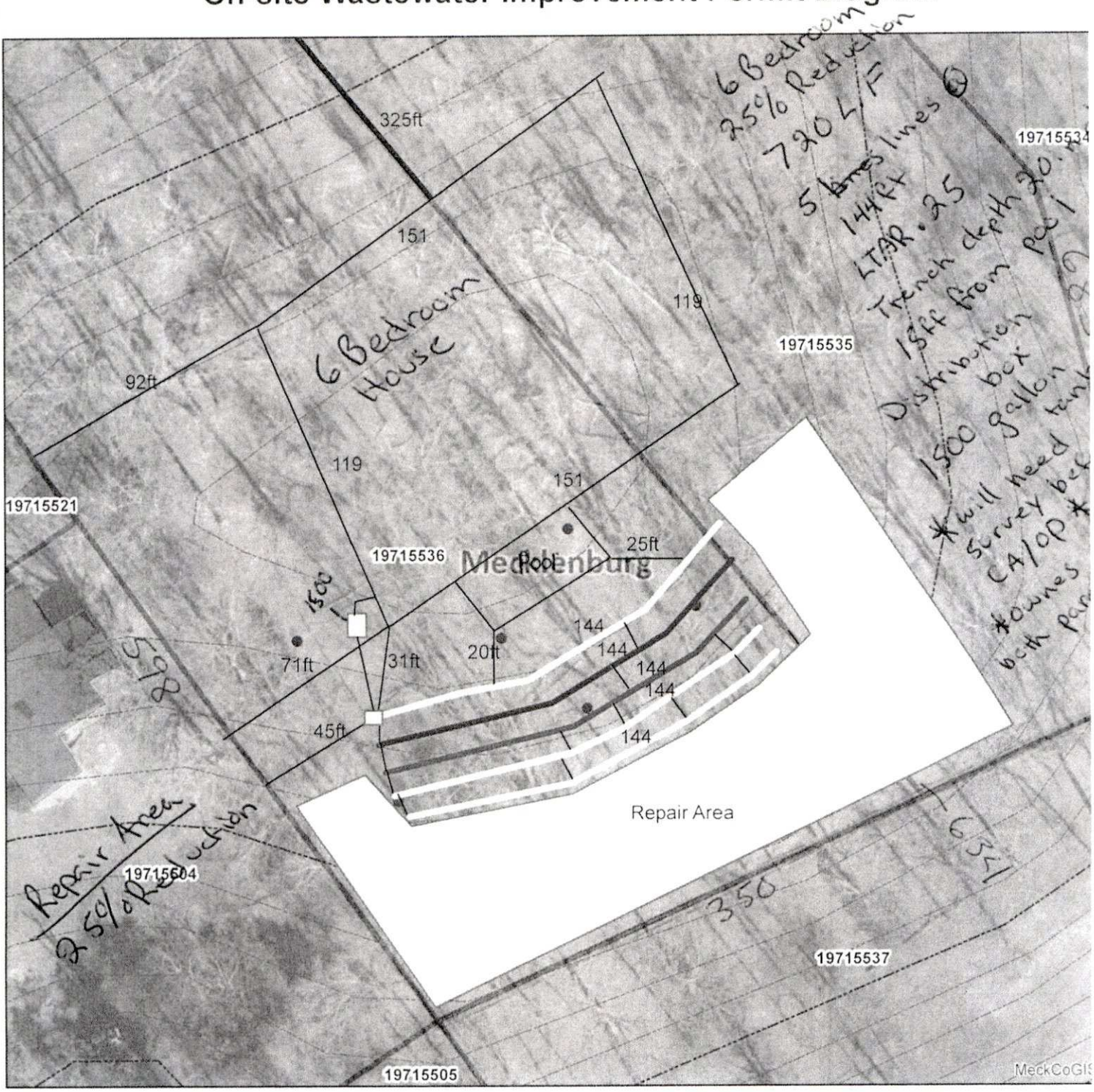
| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | sg-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | mass-Massive |
| LS-Linear Slope | | | | cr-Crumb |
| FS-Foot Slope | II | SL-Sandy Loam | 0.8 - 0.6 | gr-Granular |
| 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 | Consistence Wet | Mineralogy |
|---|---|---|
| VFR-Very Friable | SS-Slightly Sticky | SEXP-Slightly Expansive |
| FR-Friable | S-Sticky | EXP-Expansive |
| FI-Firm | VS-Very Sticky | |
| VFI-Very Firm | NP-Non-Plastic | **Classification** |
| EFI-Extremely Firm | SP-Slightly Plastic | US-Unsuitable |
| | P-Plastic | PS-Provisionally Suitable |
| | VP-Very Plastic | S-Suitable |
| | | NA-Not Applicable |

**Soil Boring Location Sketch**



# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:2269
PID #:197-155-35
File #:11003B

Authorized Agent: Bryan Davenport Date: 8/5/21

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fe

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

# Septic System Pre-Construction Meeting Checklist

File # 110038 App#_____ Tax Parcel# 197-155-35

Property Owner: _____

Job Location Address: 11514 Brief Rd

City: Charlotte 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: _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☑ YES ☐ NO

   Comments: Had to change it to a pump system

*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.**

Bryan Davenport
Authorized Agent

5/28/23
Date

John Boy Septic
Others Present

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 #: 11003B Permit #: 12269 Tax Parcel #: 197-155-35

Property Owner: Timothy Chapman

Job Location Address: 11814 Brief Rd

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 7/28/23 Contractor Name: Jeremy Hildreth septic

Permitted Design Flow: 720 GPD Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture infiltrator Effluent Pump Model: Liberty

Drainfield Installation ☐ N/A

Trench Depth: 20 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 720 feet

# of Lines: 5 @ 144 feet

Depth of Media: 12 inches (Type) Chambers

Depth of Cover: 6 inches

Distribution Device: Pressure Man

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: 9 feet

Distance from Property Line: 48 feet

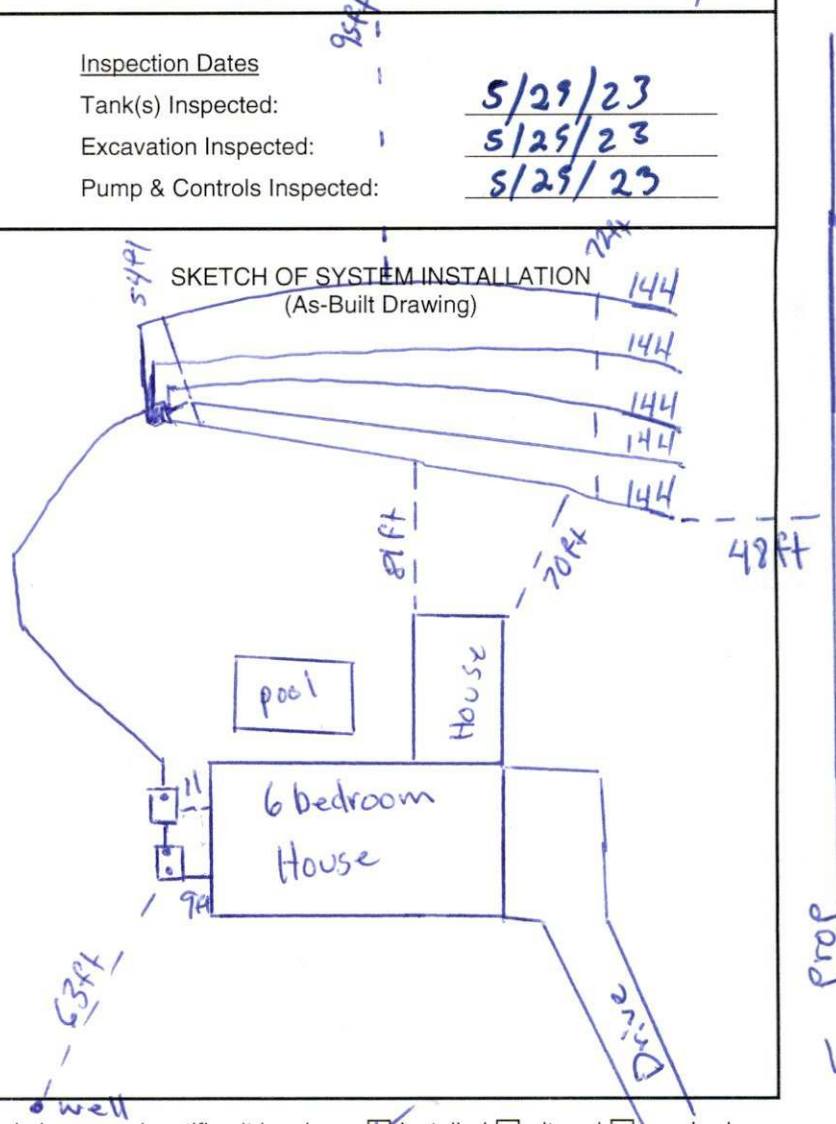
Distance from Water Supply Source: 63 feet

Inspection Dates

Tank(s) Inspected: 5/25/23

Excavation Inspected: 5/25/23

Pump & Controls Inspected: 5/25/23




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: IIIbg / P / NA / NA Quick 4 chambers

DENR Authorized Agent: Bryan Davenport Signature: Bryan Davenport

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 #: 110038 Permit #: 12269 Tax Parcel #: 197-155-35

Property Owner: Timothy Chapman

Job Location Address: 11514 Brief Rd

City: Charlotte State: NC Zip Code: 28227

**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: IIIbg

*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: 6 Bedroom House

DENR Authorized Agent: Bryan Davenport Date: 7/11/23

Signature: Bryan Davenport