#13145
13 MAY '22 PM 3:30

MECKLENBURG COUNTY
HEALTH DEPARTMENT 19257

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: 227-027-54
STREET ADDRESS: 316 Bubbling Well Road
CITY: Matthews
STATE: NC **ZIP:** 28105
SUBDIVISION NAME:
LOT #: 10 and 11 **LOT SIZE (acres):** 1.45
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: 3,896
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3

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?** _____ ☑ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Shimon Diaz Sayed and Alicia Murphy Sayed
ADDRESS: 316 Bubbling Well Road
CITY: Matthews
STATE: NC ZIP: 28105
WORK PHONE:
MOBILE PHONE: (704) 303-5605
FAX:
E-MAIL: shimonsayed@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

Owner's Authorization form is required if legal representative is submitting application

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
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.

SDS (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.

_____ 5/13/2022

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

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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

File #: _____

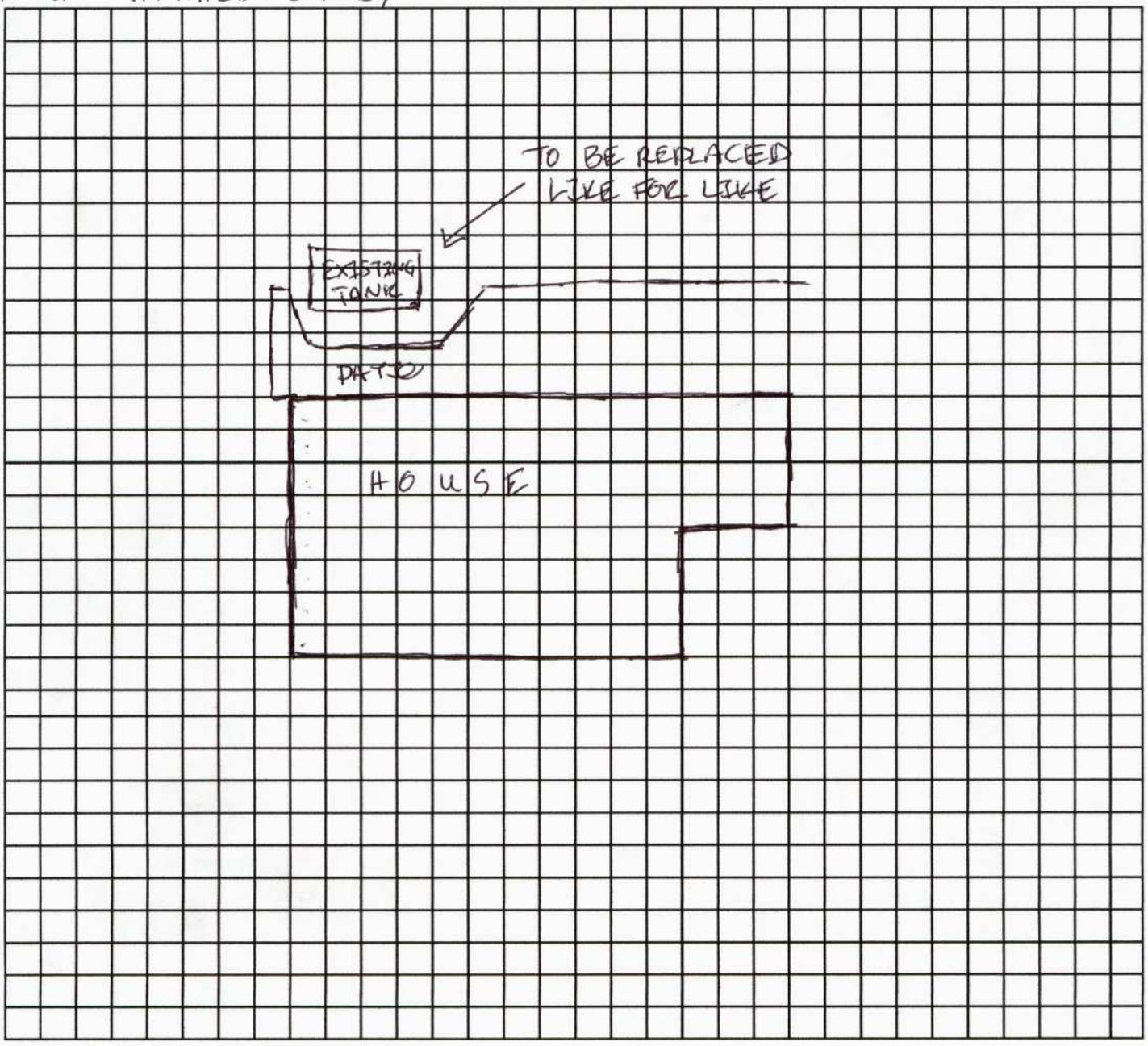
PROPOSED PLOT PLAN

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: 316 Bubbling Well Road, Matthews, NC 281 Tax Parcel #: 227-027-54

Subdivision Name: _____ Lot #: _____

ALSO SEE ATTACHED SURVEY



Property Owner's or Owner's Legal Representative Signature

5/13/2022
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

WARREN JENNINGS LAND SURVEYING
P.O. BOX 78123
CHARLOTTE, N.C. 28271-7026
(704) 320-3294
warren@warrenjenningslandsurveying.com

Survey Report (021-3472)

I certify that on **July 21, 2021**, I conducted an accurate field survey for property situate at **#316 Bubbling Well Road, Matthews, N.C.**, being described as **Lots 10 & 11 in Block "B" in Sardis Grove (map book 7 at page 421)** and shown on the accompanying survey plat entitled **Location Survey for Shimon Diaz Sayed & Alicia Murphy Sayed , dated July 31, 2021 (WJLS project 021-3472).**

I made a careful inspection of said premises and of the buildings located thereon at the date of conducting said survey and at the time of such inspection, I found **Lawrence M. Thompson** to be in possession of said premises as **owner of record** (owner or tenant).

I further certify to the existence or non-existence of the following as of the date of my survey:

1) Rights-of-way, easements, old highways or abandoned roads, lanes or driveways, drains, sewer, gas or oil pipelines over and across premises:
   a) **overhead electric easement as recorded in bk. 1773 at pg. 459;**
   b) **storm drain pipe located across rear portion of property – all as shown or noted on the attached plat of survey.**

2) Springs, streams, rivers, ponds or lakes located on, bordering on or running through said premises:
   c) **wet weather drainage channel meanders across rear portion of property (subject to post construction buffer, the limits being 30 ft. as measured from top of bank) as shown and noted on the attached plat of survey.**

3) Cemeteries or family burial grounds located on premises: **None observed.**

4) Above ground utilities (overhead lines, poles, guys) or evidence of underground utilities (pedestals, transformers) crossing or located on said premises and serving said premises or other property:
   d) **power pole, guy wire and overhead electric lines located along side property line as shown on the attached plat of survey.**

5) Joint driveways or walkways, joint garages, party walls or rights of support; porches, steps or roofs used in common: **None observed.**

6) Apparent encroachments (building, roof overhangs, projections or cornices, fences, walls or other indications of occupancy or usage):
   None observed.

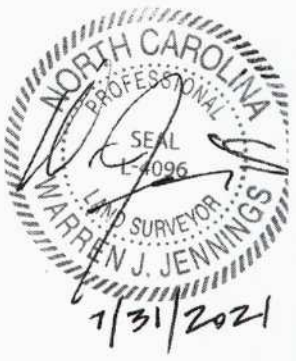
7) Building or possession lines (independent walls or party walls)? **Independent.**
   Boundary lines are evidenced by: **Existing monumentation.**

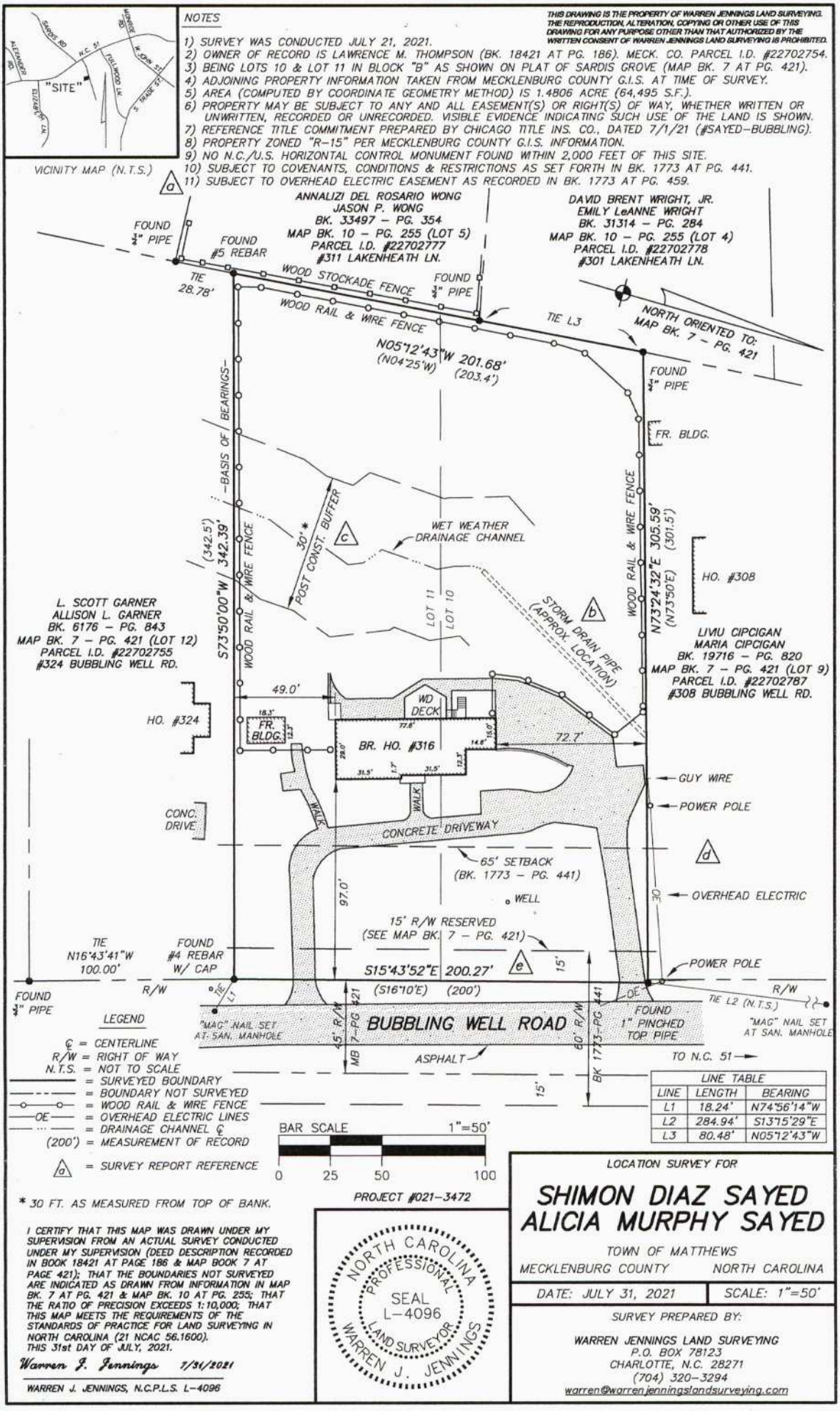
8) Is the property improved? **Yes**. Building is (material): **Brick.**
   Indication of recent building construction, alteration or repairs? **None observed.**

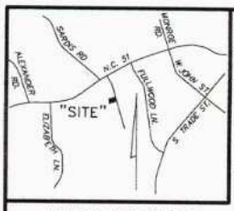
9) Changes in street lines, either completed or officially proposed:
   e) **15 ft. strip reserved across front of property for street widening purposes per map bk. 7 at pg. 421 (see bk. 1773 at pg. 441) all as shown or noted on the attached plat of survey.**
   Is there evidence of recent street or sidewalk repair or construction? **None observed.**

10) Does the property abut a dedicated public road? (if not, indicate access to property) **Yes.**

11) Is the property subject to restrictive covenants? **Yes, see book 1773 at page 441.**




NOTES
1) SURVEY WAS CONDUCTED JULY 21, 2021.
2) OWNER OF RECORD IS LAWRENCE M. THOMPSON (BK. 18421 AT PG. 186). MECK. CO. PARCEL I.D. #22702754.
3) BEING LOTS 10 & LOT 11 IN BLOCK "B" AS SHOWN ON PLAT OF SARDIS GROVE (MAP BK. 7 AT PG. 421).
4) ADJOINING PROPERTY INFORMATION TAKEN FROM MECKLENBURG COUNTY G.I.S. AT TIME OF SURVEY.
5) AREA (COMPUTED BY COORDINATE GEOMETRY METHOD) IS 1.4806 ACRE (64,495 S.F.).
6) PROPERTY MAY BE SUBJECT TO ANY AND ALL EASEMENT(S) OR RIGHT(S) OF WAY, WHETHER WRITTEN OR UNWRITTEN, RECORDED OR UNRECORDED. VISIBLE EVIDENCE INDICATING SUCH USE OF THE LAND IS SHOWN.
7) REFERENCE TITLE COMMITMENT PREPARED BY CHICAGO TITLE INS. CO., DATED 7/1/21 (#SAYED-BUBBLING).
8) PROPERTY ZONED "R-15" PER MECKLENBURG COUNTY G.I.S. INFORMATION.
9) NO N.C./U.S. HORIZONTAL CONTROL MONUMENT FOUND WITHIN 2,000 FEET OF THIS SITE.
10) SUBJECT TO COVENANTS, CONDITIONS & RESTRICTIONS AS SET FORTH IN BK. 1773 AT PG. 441.
11) SUBJECT TO OVERHEAD ELECTRIC EASEMENT AS RECORDED IN BK. 1773 AT PG. 459.
THIS DRAWING IS THE PROPERTY OF WARREN JENNINGS LAND SURVEYING. THE REPRODUCTION, ALTERATION, COPYING OR OTHER USE OF THIS DRAWING FOR ANY PURPOSE OTHER THAN THAT AUTHORIZED BY THE WRITTEN CONSENT OF WARREN JENNINGS LAND SURVEYING IS PROHIBITED.
SANDS RD
MONROE RD
N.C. 51
W. JOHN ST
FULLWOOD LN
S. TRADE ST
ALEXANDER RD
ELIZABETH LN
"SITE"
VICINITY MAP (N.T.S.)
ANNALIZI DEL ROSARIO WONG
JASON P. WONG
BK. 33497 – PG. 354
MAP BK. 10 – PG. 255 (LOT 5)
PARCEL I.D. #22702777
#311 LAKENHEATH LN.
DAVID BRENT WRIGHT, JR.
EMILY LeANNE WRIGHT
BK. 31314 – PG. 284
MAP BK. 10 – PG. 255 (LOT 4)
PARCEL I.D. #22702778
#301 LAKENHEATH LN.
FOUND ¾" PIPE
FOUND #5 REBAR
TIE 28.78'
WOOD STOCKADE FENCE
WOOD RAIL & WIRE FENCE
FOUND ¾" PIPE
TIE L3
NORTH ORIENTED TO: MAP BK. 7 – PG. 421
N05°12'43"W 201.68'
(N04°25'W)
(203.4')
FOUND ¾" PIPE
FR. BLDG.
–BASIS OF BEARINGS–
S73°50'00"W 342.39'
(342.5')
WOOD RAIL & WIRE FENCE
30' * POST CONST. BUFFER
WET WEATHER DRAINAGE CHANNEL
WOOD RAIL & WIRE FENCE
N73°24'32"E 305.59'
(N73°50'E) (301.5')
HO. #308
LOT 11
LOT 10
STORM DRAIN PIPE (APPROX. LOCATION)
L. SCOTT GARNER
ALLISON L. GARNER
BK. 6176 – PG. 843
MAP BK. 7 – PG. 421 (LOT 12)
PARCEL I.D. #22702755
#324 BUBBLING WELL RD.
LIVIU CIPCIGAN
MARIA CIPCIGAN
BK. 19716 – PG. 820
MAP BK. 7 – PG. 421 (LOT 9)
PARCEL I.D. #22702787
#308 BUBBLING WELL RD.
49.0'
WD DECK
HO. #324
FR. BLDG.
BR. HO. #316
72.7'
GUY WIRE
POWER POLE
CONC. DRIVE
WALK
WALK
CONCRETE DRIVEWAY
65' SETBACK (BK. 1773 – PG. 441)
97.0'
WELL
OVERHEAD ELECTRIC
15' R/W RESERVED (SEE MAP BK. 7 – PG. 421)
TIE N16°43'41"W 100.00'
FOUND #4 REBAR W/ CAP
S15°43'52"E 200.27'
(S16°10'E) (200')
POWER POLE
FOUND ¾" PIPE
R/W
TIE L1
R/W
TIE L2 (N.T.S.)
"MAG" NAIL SET AT SAN. MANHOLE
45' R/W MB 7–PG 421
BUBBLING WELL ROAD
60' R/W BK 1773–PG 441
FOUND 1" PINCHED TOP PIPE
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ASPHALT
TO N.C. 51
LEGEND
℄ = CENTERLINE
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= SURVEYED BOUNDARY
= BOUNDARY NOT SURVEYED
= WOOD RAIL & WIRE FENCE
OE = OVERHEAD ELECTRIC LINES
= DRAINAGE CHANNEL ℄
(200') = MEASUREMENT OF RECORD
a = SURVEY REPORT REFERENCE
BAR SCALE 1"=50'
0 25 50 100
* 30 FT. AS MEASURED FROM TOP OF BANK.
PROJECT #021-3472
LINE TABLE
LINE | LENGTH | BEARING
L1 | 18.24' | N74°56'14"W
L2 | 284.94' | S13°15'29"E
L3 | 80.48' | N05°12'43"W
I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY CONDUCTED UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 18421 AT PAGE 186 & MAP BOOK 7 AT PAGE 421); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN MAP BK. 7 AT PG. 421 & MAP BK. 10 AT PG. 255; THAT THE RATIO OF PRECISION EXCEEDS 1:10,000; THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600).
THIS 31st DAY OF JULY, 2021.
Warren J. Jennings 7/31/2021
WARREN J. JENNINGS, N.C.P.L.S. L-4096
NORTH CAROLINA PROFESSIONAL SEAL L-4096 LAND SURVEYOR WARREN J. JENNINGS
LOCATION SURVEY FOR
SHIMON DIAZ SAYED
ALICIA MURPHY SAYED
TOWN OF MATTHEWS
MECKLENBURG COUNTY NORTH CAROLINA
DATE: JULY 31, 2021
SCALE: 1"=50'
SURVEY PREPARED BY:
WARREN JENNINGS LAND SURVEYING
P.O. BOX 78123
CHARLOTTE, N.C. 28271
(704) 320-3294
warren@warrenjenningslandsurveying.com



VICINITY MAP (N.T.S.)

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STORM DRAIN PIPE (APPROX. LOCATION)
HO. #324
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ASPHALT
TO N.C. 51

LEGEND

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* 30 FT. AS MEASURED FROM TOP OF BANK.

PROJECT #021-3472

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THIS 31st DAY OF JULY, 2021.

Warren J. Jennings 7/31/2021

WARREN J. JENNINGS, N.C.P.L.S. L-4096

NORTH CAROLINA PROFESSIONAL SEAL L-4096 LAND SURVEYOR WARREN J. JENNINGS

LOCATION SURVEY FOR

SHIMON DIAZ SAYED
ALICIA MURPHY SAYED

TOWN OF MATTHEWS
MECKLENBURG COUNTY NORTH CAROLINA

DATE: JULY 31, 2021 SCALE: 1"=50'

SURVEY PREPARED BY:

WARREN JENNINGS LAND SURVEYING
P.O. BOX 78123
CHARLOTTE, N.C. 28271
(704) 320-3294
warren@warrenjenningslandsurveying.com

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/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 19257 Permit #: 13145 Tax Parcel #: 227-027-54

Property Owner: Shimon Sayed

Job Location Address: 316 Bubbling Rd

City: Matthews State: NC Zip Code: 28105

Improvement Permit Issuance Date: 5/20/22 **Construction Authorization Issuance Date:** _____

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before N/A. 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.

Permitted Design Flow: existing GPD
Liquid Capacity of Septic Tank: 1000 gallons
Site LTAR: existing GPD/ft²
Liquid Capacity of Dosing Tank: N/A 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: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Water Supply Source
☑ Municipal ☐ Private Well ☐ Community Well
☐ Other _____

Minimum System Setbacks
Distance from Building Foundation: 17 feet
Distance from Property Line: 50 feet
Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See Attachi 4 Drawing

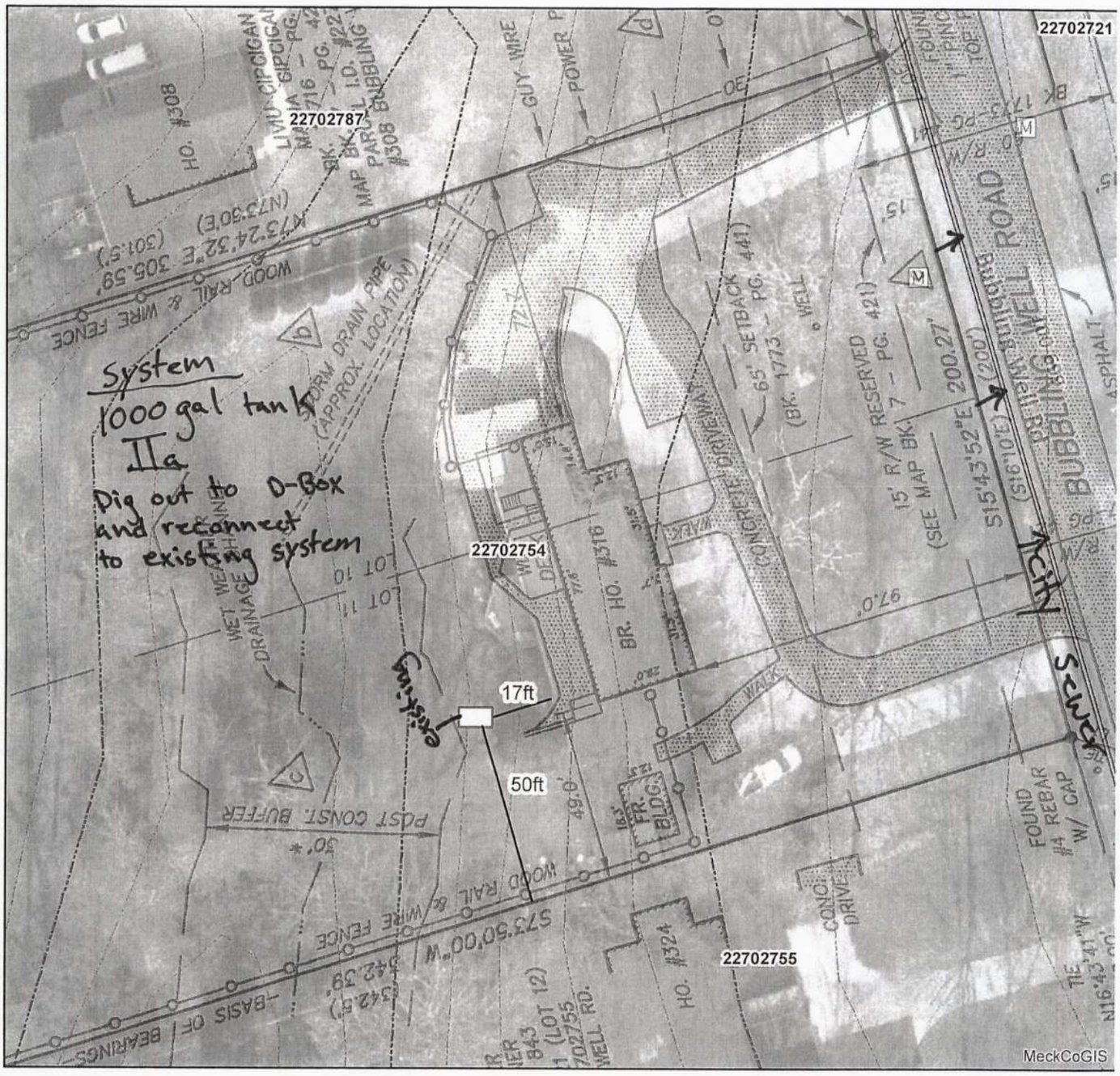
city sewer in front

Comments: System Classification & Type: Tank 1C/NA/NA

Authorized Agent: Bryan Davenport Signature: Bryan Davport

Owner Signature: _____ Date: 5/19/2022

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 227-027-54
PID #: 13145
File #: 19257

Authorized Agent: Bryan Daugert Date: 5/20/22

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

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 #: 19257 Permit #: 13145 Tax Parcel #: 227-027-54

Property Owner: Shimon Sayed

Job Location Address: Bubbling Well Rd "3/6"

City: Matthews State: NC Zip Code: 28105

Operation Permit Issuance Date: 6/9/22 Contractor Name: Caroline Septic pro

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

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture Infiltrator Effluent Pump Model: ____

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: ____ 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: 53 feet

Distance from Water Supply Source: 118 feet

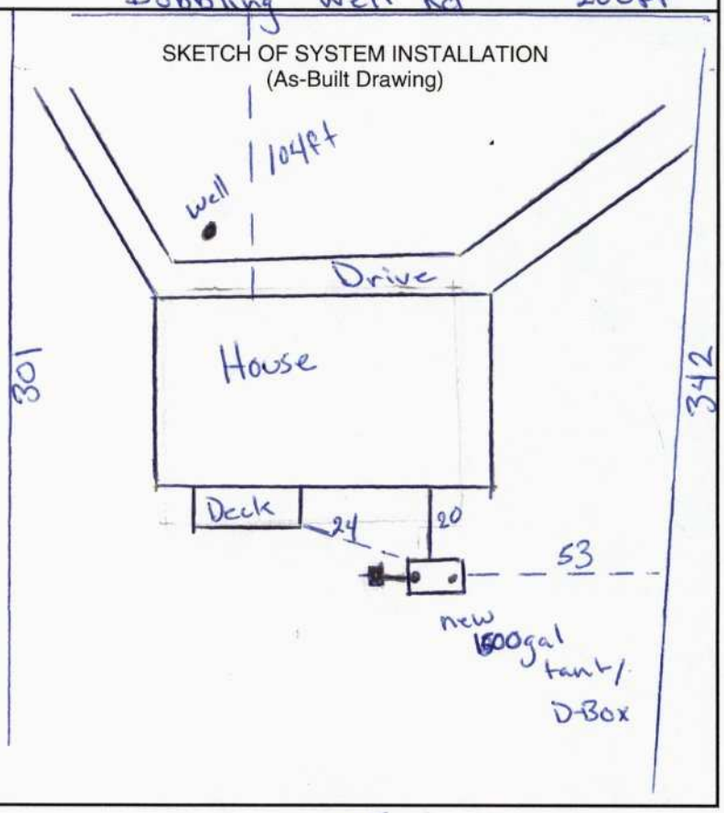
Inspection Dates

Tank(s) Inspected: 6/9/22

Excavation Inspected: 6/9/22

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: Tank / G / NA / NA

1500 infiltrator

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 #: 19257 Permit #: 13145 Tax Parcel #: 227-027-54

Property Owner: _____

Job Location Address: 316 Bubbling Well Rd

City: Matthews State: NC Zip Code: 28105

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: Tank IIIa

*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: Tank 1500

DENR Authorized Agent: Bryan Davenport Date: 6/16/22

Signature: Bryan Davenport