SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 2945B

Assigned Inspector: Patrick - Heather

☑ IP $250.00: 6/18/24 SM 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: 7/17/24 JO. ☐ Signature received: 7/22/24 JO.

☑ 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: 8/13/25

☐ Release final hold in Winchester: _____

Comments:

2945B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#14743

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: 01310139
STREET ADDRESS: 6414 Cashion Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 1.17
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 Steel detached garage
HEATED SQUARE FOOTAGE: 600
NUMBER OF BEDROOMS: 1
NUMBER OF OCCUPANTS: 1
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: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 1

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? 2000 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Byron and Rebecca Yoh
ADDRESS: 6414 Cashion Road
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704-608-4277
MOBILE PHONE: _____
FAX: _____
E-MAIL: rebeccayoh@yahoo.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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

RLY (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.

N/A (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.

X _____ 6/18/24

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:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

File #: _____

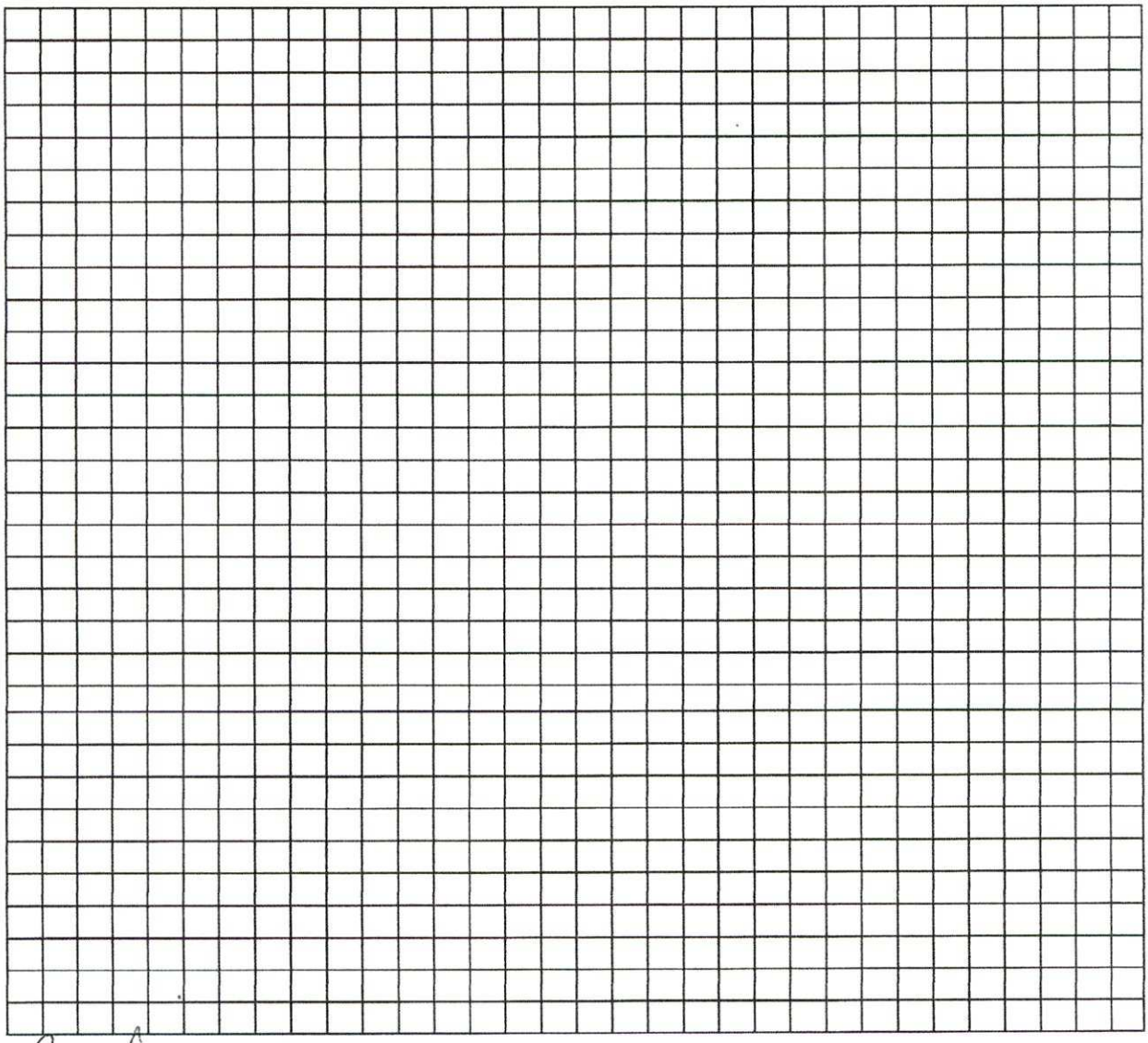
PROPOSED PLOT PLAN

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: 6414 Cashion Road Huntersville Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____

See Huntersville Plot Plan



X _____ 6/18/24

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
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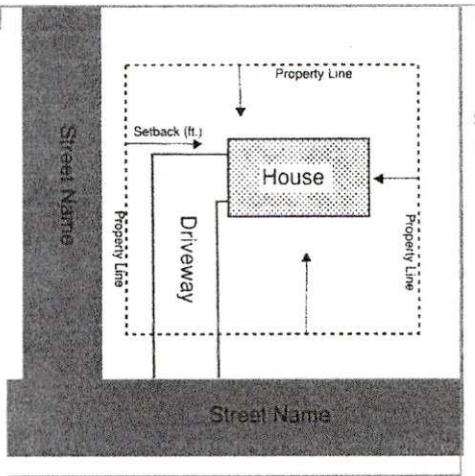
Revised on: 4/20/17

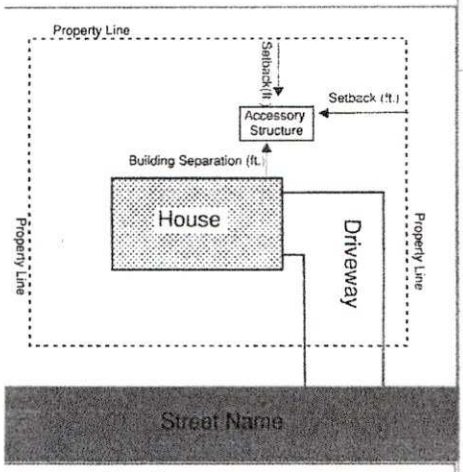
Town of Huntersville NORTH CAROLINA

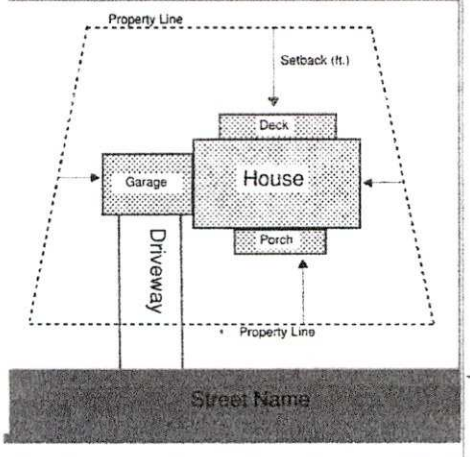
Plot Plan

Street #	N,S,E,W	Street Name	AV, RD, ST, etc.	Suite
6414		CASHION	RD	

EXAMPLE PLOT PLANS





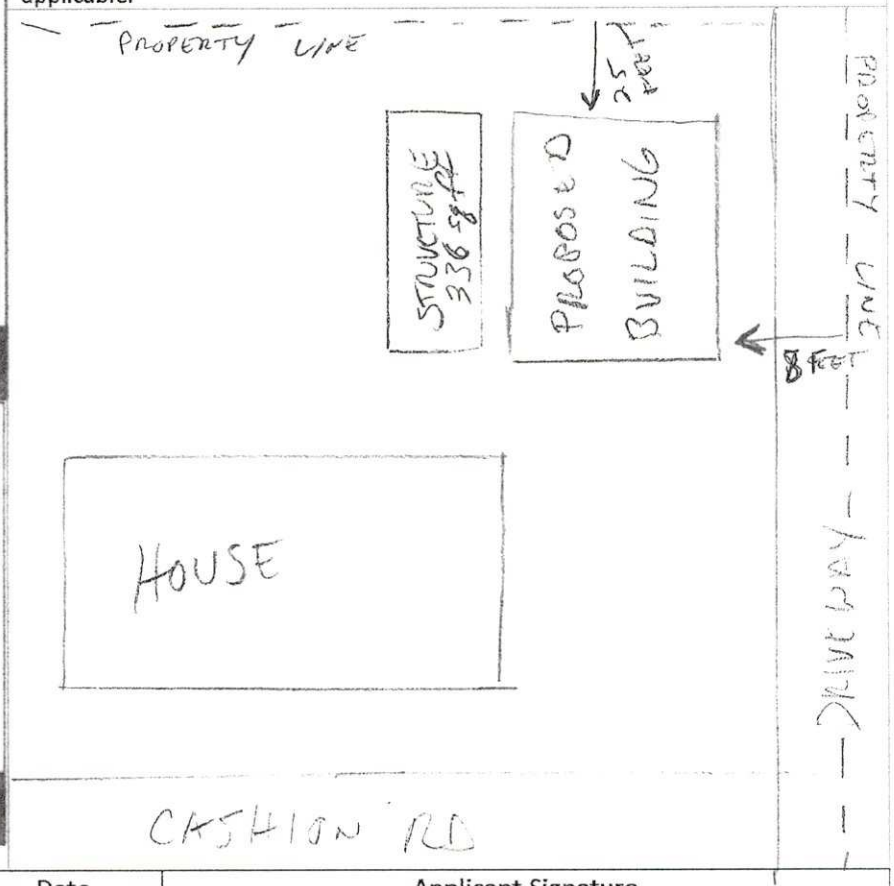


INSTRUCTIONS:

In the space provided, draw plot plan as neatly and accurately as possible, from a survey if available. Separate applications and plot plans are required for each building.

1. Draw street(s) and right-of-ways(s).
2. Draw property lines.
3. Draw existing structures including any driveway(s), walkway(s), attached porch(es), deck(s), carport(s), garage(s), shed(s), barn(s), pool(s), accessory dwelling(s), etc.
4. Draw proposed structure.
5. Show dimensions, in feet, of proposed structure.
6. Show distance, in feet, of setbacks for proposed structure.
7. List amount of existing impervious use and area of proposed structure, if subject to impervious area regulations (in square feet).

Show access easements, open space, tree save, and environmental buffers if applicable.



Applicant Name	Date	Applicant Signature
BYRON YOH	5/2/24	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/18/24
Receipt #: 149489
Check / Auth #: VISA 908113
Received By: MOORES

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: REBECCA YOH
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6414 CHASHION RD	1	250.00	250.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
2,625.00		112.50			

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 1310139
Lot #: ---
File #: 2945B
AppID: 14743

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Bryan & Rebecca Yoh
Applicant: Same
Address: 6414 Cashion Rd.
Date Evaluated: 7/1/2024
Proposed Facility: 1 BR ADU
Design Flow (.0400): 120 GPD
Property Size: 1.02 ac.
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [ ] Public [X] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction (*Max Trench Depth Low Side*)
1	L 3 - 5%	0 - 4	Mo, Gr, L	Fr, SS, NP	B	N/A	≥48"	N/A	N/A	F- C: Sap. inclus. @ 20 - 36" M: L-Sap. inclus. @ 36"+	S 0.30	35"
		4 - 20	Mo, Sbk, C	Fr, SS, SP, SEXP	R							
		20 - 36	Mo-Wk, Sbk, CL	Fr, SS, SP	R							
		36 - 48	Wk, Sbk, CL	Fr, SS, SP	R							
2	L 3 - 5%	0 - 3	Wk, Gr, L	Fr, SS, NP	B	N/A	>48"	N/A	N/A	F: Mica flakes @ 10"+ C-M: Sap. inclus. @ 21"+	S 0.30	35"
		3 - 18	Mo, Sbk, C	Fr, SS, SP, SEXP	R							
		18 - 24	Mo-Wk, Sbk, C	Fr, SS, SP	R							
		24 - 48	Wk, Sbk, CL	Fr, SS, SP	R							

Description	Initial System	Repair System
Available Space (.0508)	---	---
System Type(s)	---	---
Site LTAR	0.30	0.30
Maximum Trench Depth	36"	36"

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): S
Other(s) Present:
Site Classification (.0509): ---

COMMENTS:

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 7/01/2024

PROPERTY INFO
Address: 6414 Cashion Rd.
PID No.: 01310139

1 in = 50 ft

Mecklenburg County
Groundwater & Wastewater Services

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 #: **30014743** GWS File #: **2945B** Tax Parcel #: **013-101-39**

- 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):** 7/16/2029

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

Structure Type: OTHER Size (ft^2): 600 # Bedrooms: 1 Max. Occup. 2

Building Foundation: Concrete Slab Water Supply: Private Well

II. Initial System Type: PPBPS-V (gravity) **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd): 120 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): 6 Absorption Area (ft^2): 200 Total Trench Length (ft): 67

Maximum Trench Depth (in): 35 Depth of Media (in): 22 Distribution Device: Drop Boxes

III. Repair System Type: PPBPS-V (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 120 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): 6 Absorption Area (ft^2): 200 Total Trench Length (ft): 67

Maximum Trench Depth (in): 35 Depth of Media (in): 22 Distribution Device: Drop Boxes

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: Heather Ray Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 7/16/2024

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 #: **30014743** GWS File #: **2945B**

IV. Permit Conditions/Comments:

- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- ADU may require its own water source or variance for existing well if 100' from existing systems can not be maintained

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Authorized Agent: Heather Ray

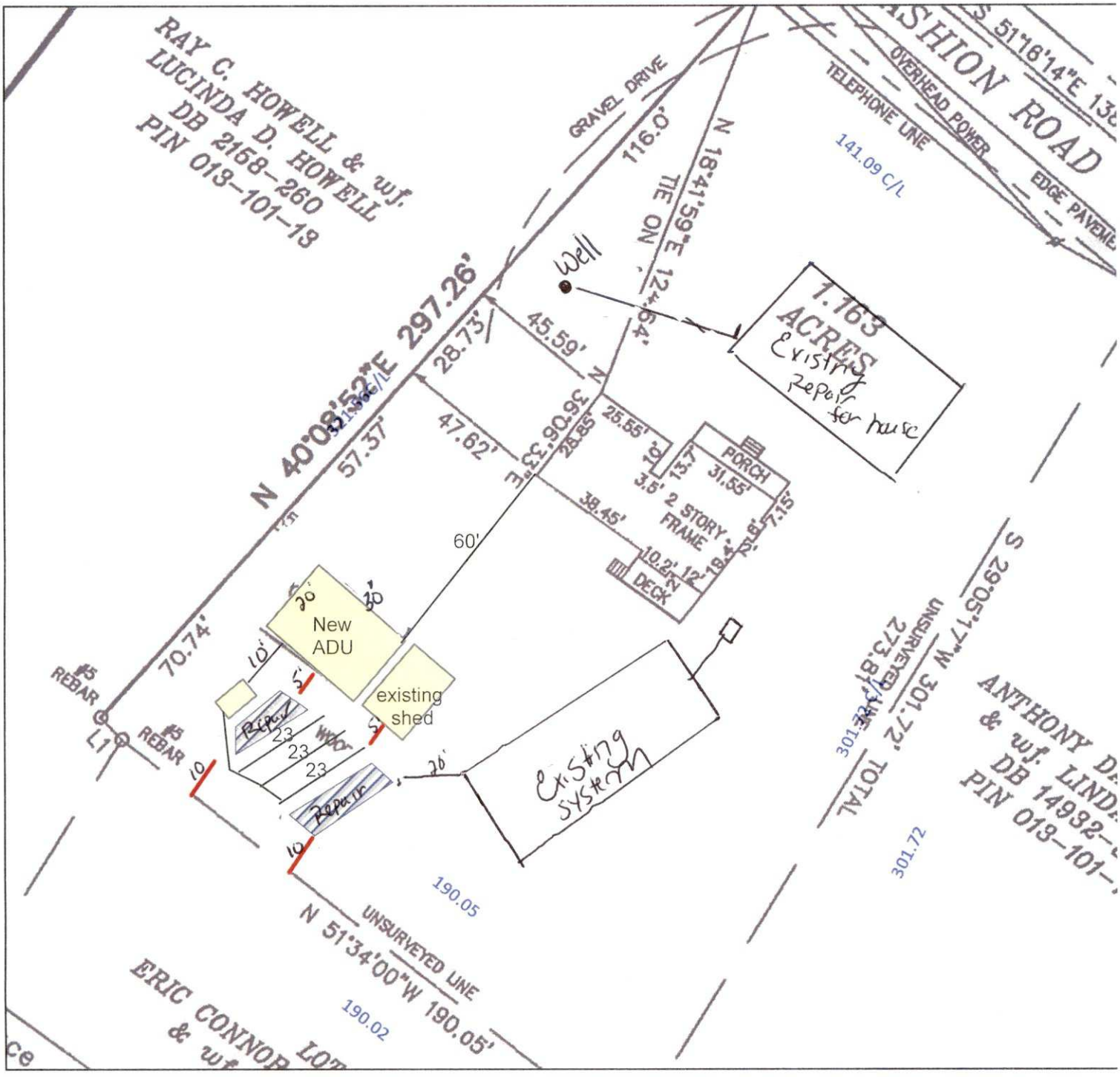
Signature: _____

Date Issued: 7/16/2024

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:30014743
PID #:013-101-39
File #:2945B

Authorized Agent: _____ Date: 7/6/24

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

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

Permit # 30014743 G.W.S File # 2945B Tax Parcel # 013-101-39

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Maximum Trench Depth (in.): 36 Depth of Media (in.): 22 Distribution Device: Drop Boxes

III. Repair System Type: PPBPS-V (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 120 LTAR (gpd/ft^2): 0.6 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft.): 2 Trench Spacing (ft.): 6 Absorption Area (ft^2): 200 Total Trench Length (ft.): 67

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(Please See the Following Page for Permit Conditions.)

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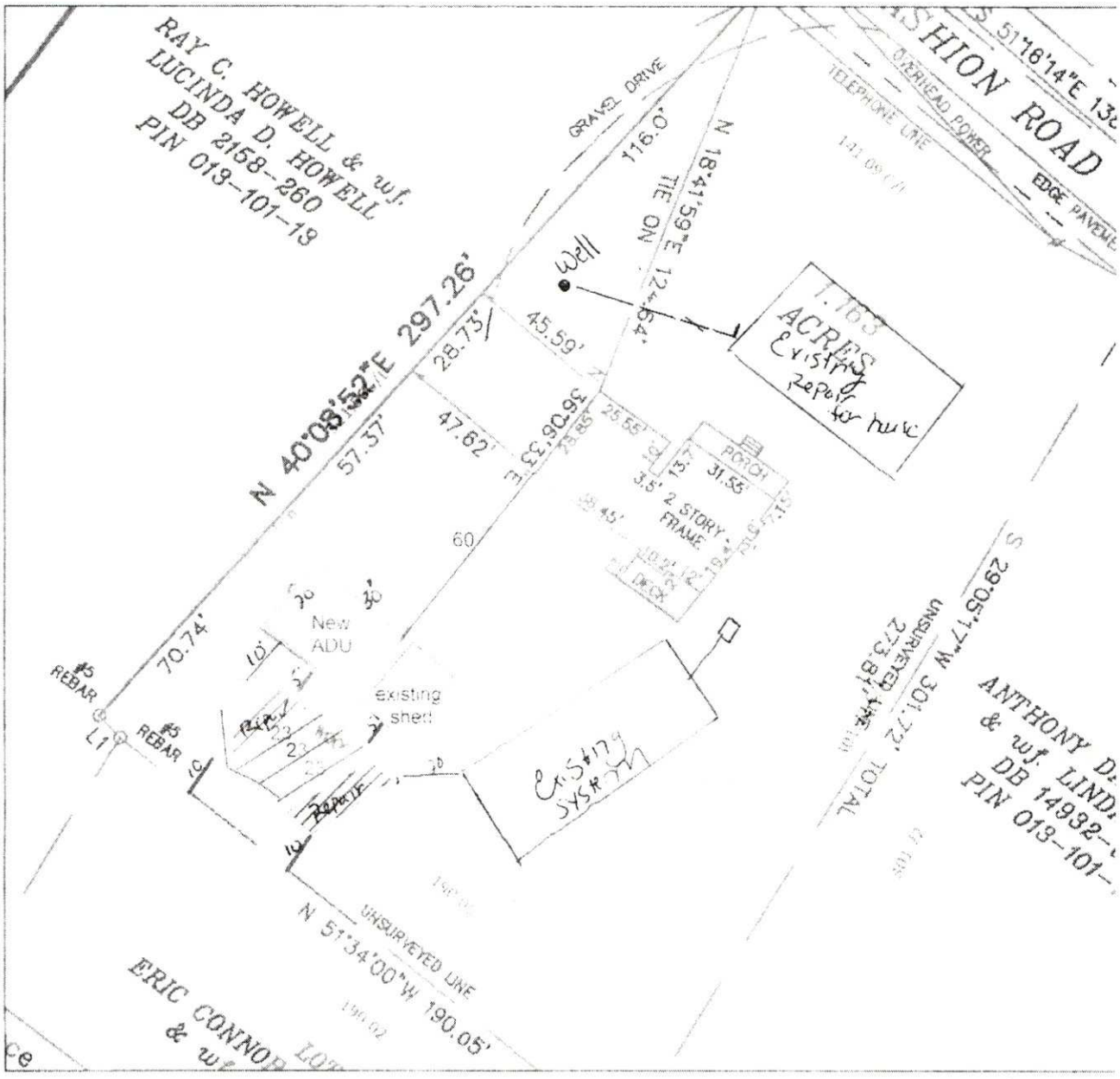
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- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray Owner/Legal Agent: BYRON YOH
Print Name

Signature: Signature:

Date Issued: 7/16/2024

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit # 30014743
PID # 013-101-39
File # 2945B

Authorized Agent _____ Date 7-16-24

Owner/ Legal Agent _____ Date 7/2/24

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

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

Permit # 30014743 GWS File # 2945B

IV. Permit Conditions/Comments:

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

Authorized Agent: Heather Ray

Signature:

Date Issued: 7/16/2024

Owner/Legal Agent: Byron Yoit
Print Name

Signature:

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 # 29453 App# 14443 Tax Parcel# 01316139

Property Owner: Bryan & Rebecca Voth

Job Location Address: 6414 Cashion Rd

City: Huntersville 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: _____

   _____

*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.**

_____ 7-2-24

Authorized Agent **Date**

_____

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 #: 2945B Permit #: 14743 Tax Parcel #: 01310139

Property Owner: Bryan & Rebecca Yoh

Job Location Address: 6414 Cashion Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 7/2/24 Contractor Name: Jared Lentz

Permitted Design Flow: 120 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf 760 Effluent Pump Model: na

Drainfield Installation ☐ N/A

Trench Depth: 35 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 67 feet

# of Lines: 3 @ vary feet 22,22,26

Depth of Media: 22 inches (Type) PPBPS

Depth of Cover: 6 inches

Distribution Device: end to end

Bed Installation *(For Repair Installations ONLY.)*

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 feet

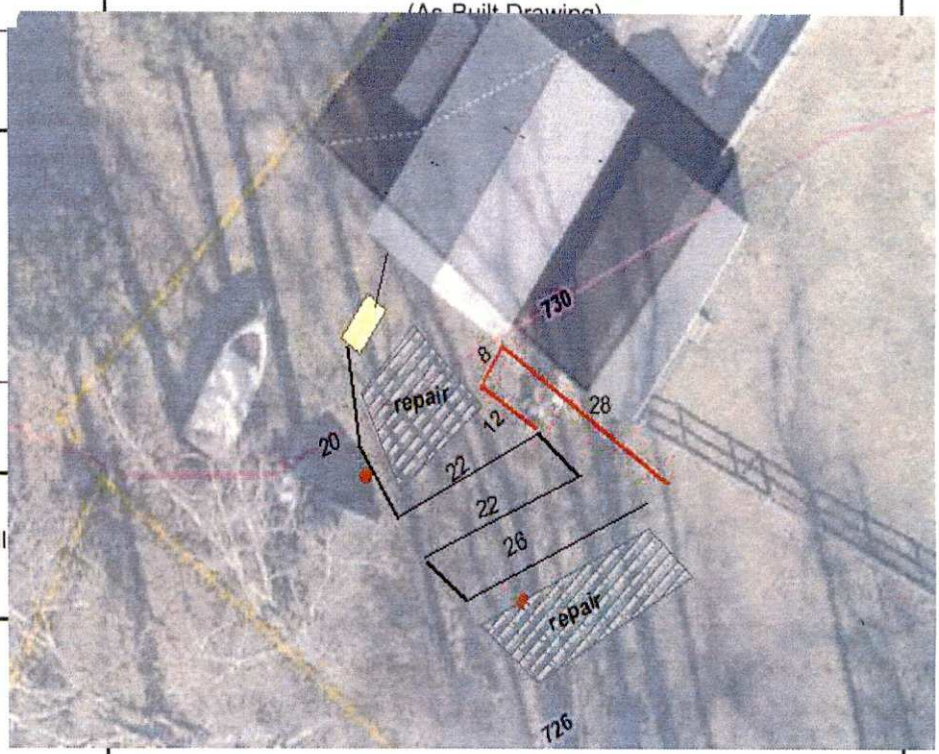
Inspection Dates

Tank(s) Inspected: 7/2/24

Excavation Inspected: 7/2/24

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: IIIE/PPBPs/G/NA/NA

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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 #: 2945B Permit #: 14743 Tax Parcel #: 01310139

Property Owner: Bryan & Rebecca Yoh

Job Location Address: 6414 Cashion 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: IIIE

*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: Heather Ray Date: 7/2/24

Signature: Heather Ray