SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12407 / 15866

Assigned Inspector: BBaedor

☐ 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: 12/10/24

☐ Release final hold in Winchester: _____

Comments: Repair Complete

12407 / 150666

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: 03130213
STREET ADDRESS: 1318 Gum BRANCH Rd
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION NAME: N/A
LOT #: _____ LOT SIZE (acres): 1.2
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: 1760
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
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: Webb D. Gilbert
ADDRESS: 1318 Gum BRANCH Rd
CITY: CHARLOTTE
STATE: NC ZIP: 28214
WORK PHONE: 0
MOBILE PHONE: 980 721 1514
FAX: _____
E-MAIL: Webbgilbert@ATT.NET

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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.

WDG (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.

Webb D. Gilbert
Property Owner's or Owner's Legal Representative Signature

10-29-24
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ N/A

DATE FEE RECEIVED: 10/29/24

WELL APPLICATION FEE RECEIVED: $ (100)

DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 12407

APPLICATION ID NUMBER ASSIGNED: 150661

COMMENTS:

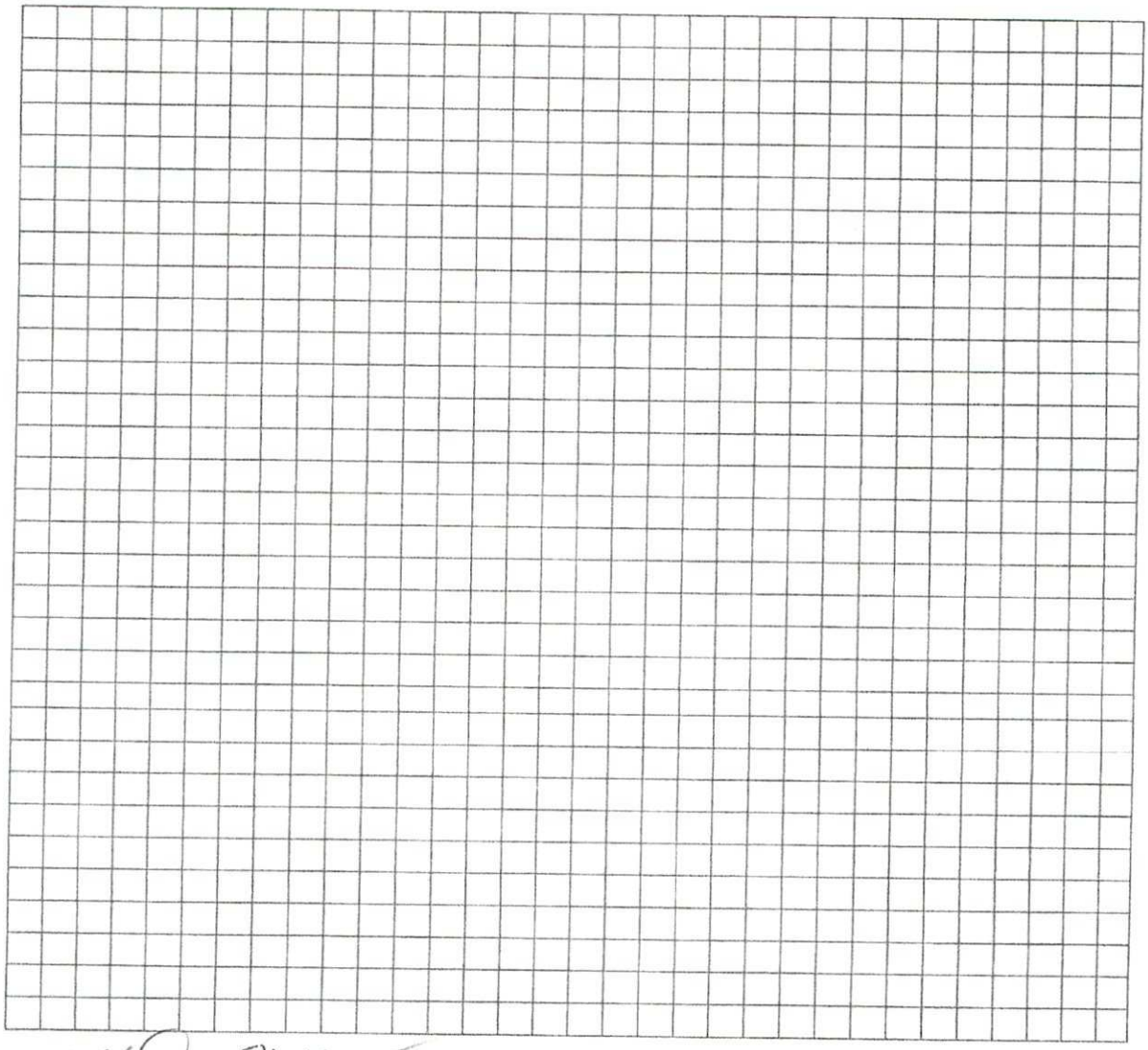
File #: 12407

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: 1318 Gum Branch Rd Tax Parcel #: 03130213

Subdivision Name: N/A Lot #: _____



Webb W. Gilbert
Property Owner's or Owner's Legal Representative Signature

10-29-24
Date

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

Revised on: 12/15/10

Ortiz-Noga, Manuela

From: AUTRY SEPTIC <autryseptic@yahoo.com>
Sent: Tuesday, October 29, 2024 1:32 PM
To: WellReg
Subject: [External]Repair application
Attachments: septic 2.jpeg; septic.jpeg; septic3.jpeg

Follow Up Flag: Follow up
Flag Status: Flagged

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you,
Ann Lipson
Office Manager
Autry Backhoe & Septic
704.504.8830

SEE INSTRUCTIONS ON BACK

Date Received 5-6-77

ICAR(S) Application No 12407

T C No 031-057-02

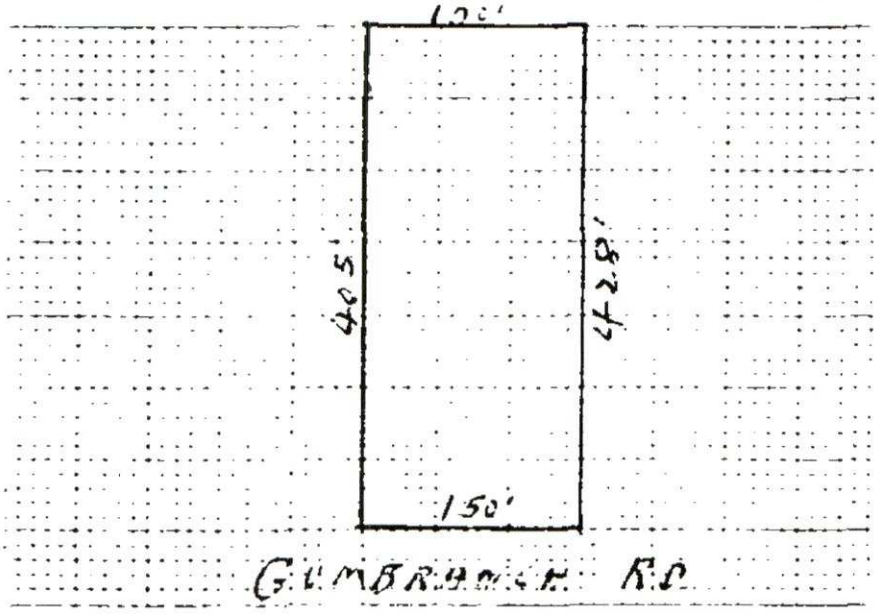
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of the property described hereafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1. ✓ Install or Construct a ____ Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



3. PLOT PLAN (ACCURATELY DIMENSIONED)

4. No. of Bedrooms 3
5. Garage Disposal Yes ____ No
6. Automatic Washer Yes ____ No
7. Garbage Grinder Yes ____ No
8. Dishwasher Yes ____ No
9. Water Supply
   A. Individual well ✓
   B. Community system ____
   C. Community System
      Well Name ____
   D. Governmental system ____
10. Sewage System
    Public sewer is within 200 feet of property ____ Yes ✓ No
    Property is within 200 feet of sewer ____ Yes ✓ No
11. FHA Case No ____
12. VA Case No ____

13. NAME OF OWNER GILBERT (LAST) [redacted] WEBB (FIRST) DANIEL (MIDDLE)
14. ADDRESS OF OWNER Rt 14 Box 204 CHAR. 28208
15. PHONE NO Home 377-1552 Office 374-2628
16. LOCATION OF SYSTEM CUMBRANCH Rd (STREET OR COUNTY ROAD)
17. SUBDIVISION ____ Lot No. 2 Block No ____
    Map Book No ____ Page No. ____
18. DEED REFERENCE — DEED BOOK 3733 AT PAGE 720
19. HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN 2-3-77
20. PTR NUMBER (See Instructions) ____ Agreement forms

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5-5-77
DATE OF APPLICATION

Weldon D. Gilbert
OWNER

EHD-5-76

Environmental Health Department's Copy

APT 12407

3946 0001

PRESENTED FOR REGISTRATION

'77 MAY 18 PM 1 31

CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

MECKLENBURG COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT
SEPTIC TANK AGREEMENT

DATE 5-18-77

I acknowledge that I have been informed by the Mecklenburg County Environmental Health Department that the property located at

Gumbranch Road, Lot 2

94

(Parcel Number: P.O.031-057-02)

is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. It is agreed that the undersigned and his heirs and assigns will immediately abate any nuisance or correct any defects which occur as a result of a septic tank being installed at this location and that this Agreement will be binding on future owners of the property. In addition to all other available remedies, the Environmental Health Department or its successor, shall have the remedy of injunctive relief to enforce this Agreement.

Soil Permeability Unsuitable.

Owner Yates W. Gilbert

MECK. CO. DEPARTMENT OF
RECEIVED
MAY 18 1977

State of North Carolina
County of Mecklenburg

I, Charlene M. Brackett a notary public in and for the said County and State, do hereby certify that Yates W. Gilbert personally appeared before me this day and being duly sworn signed the foregoing instrument.

May 18, 1977

Charlene M. Brackett
Notary Public

My commission expires

EHS 506

Revised 5/1/77

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Charlene M. Brackett.

Notary Public of said County and State
is certified to be correct. This 18 day of May A.D. 77
Charles E. Crowder, Register of Deeds, By: Mary L. Bue
DEPUTY

Serial No. 0793

LA No. 12407

Date Issued 5/17/77

T C. No. P.O. 031-057=02

Map Date -

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Gilbert (LAST) Webb (FIRST) Daniel (MIDDLE)

ADDRESS OF OWNER Rt. 14, Box 204, Charlotte, N. C. ZIP 28208

LOCATION OF LOT Gumbranch Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 2 BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption effluent discharge based on the soil investigation and an onsite inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration and/or Repair Permit", number _____. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run

2. That an Installation, Construction, Alteration and/or Repair Permit be issued and in full force and effect when the system is installed, constructed, altered and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit issued to authorize construction on the said lot at such time it is determined that any information contained in the Application for an Installation, Construction, Alteration, and/or Repair Permit is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

*Agreement form signed and presented for recording on May 18, 1977

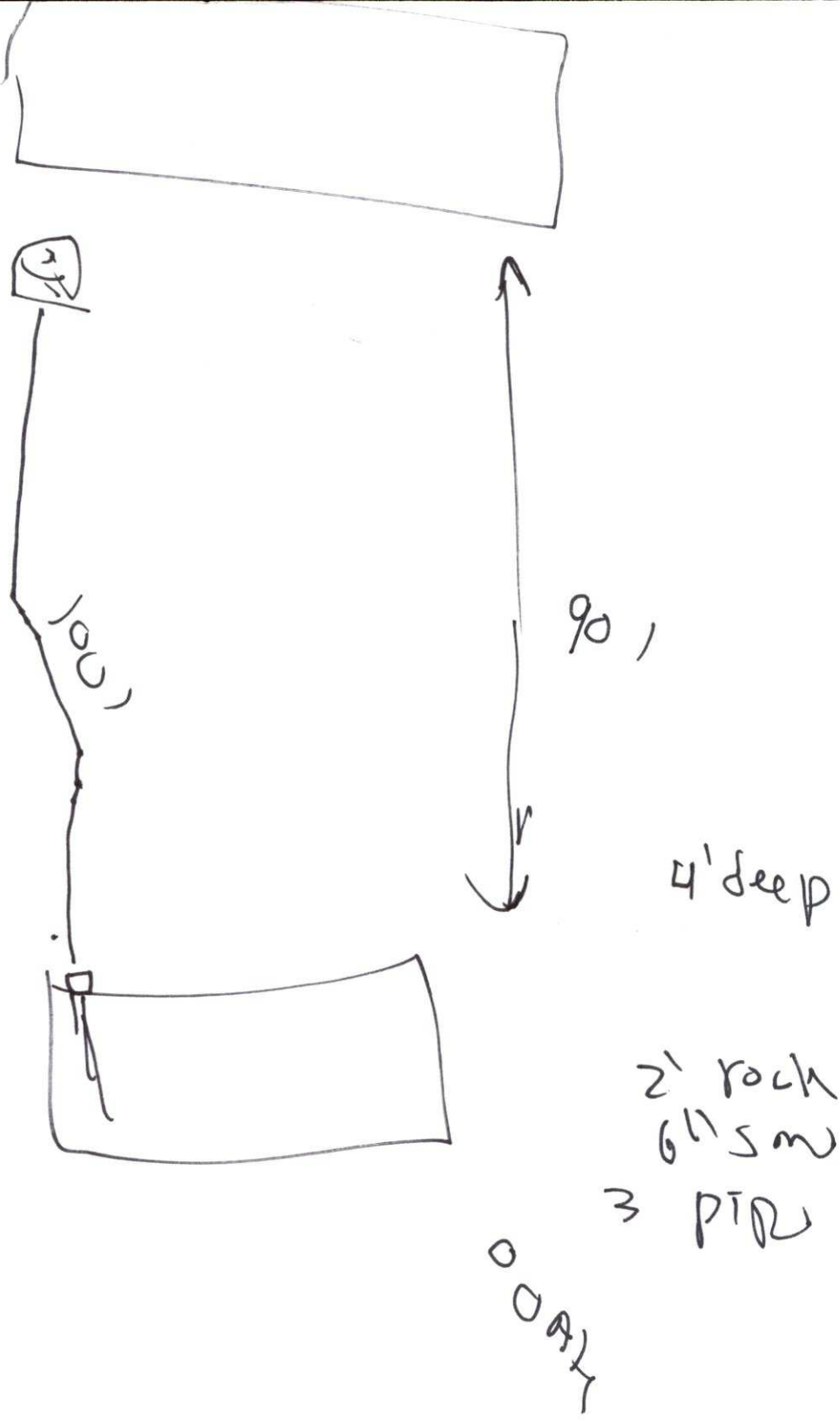
John A. Adkisson
Environmentalist

Environmental Health Director or Authorized Section Head

MD-5-76

Environmental Health Department's Copy

12/5/24



Date Issued 2/1/78

Serial No. 1285

C of A (s) No. 12407

T C P No 03-057-02

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner GILBERT (LAST) YATES (FIRST) (MIDDLE)

Location of Property 1303 Gum Branch Rd

Application Number 12407 Permit Number 12407

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 500 167 Number of Lines 5 4

Depth of Filter Material 17" Cover Depth 2½' MC

Water Supply Source IND WELL Distance from Water Source 100'

Excavation Inspected 2/1/78 (DATE) Tank Inspected (DATE)

Notification Field Inspected 2/1/78 (DATE)

Washing Machine Line Inspected If Applicable 1-25-78 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption effluent sewage disposal described above and it has not been installed or constructed in accordance with the permit issued and the regulations of the Mecklenburg County Commissioners effective from the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the said system will operate properly, or relieve any person from any action which may arise from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions contained herein to which it is subject as noted under comments. This Certificate of Approval shall be void and of no effect 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.

Comments Permit specified 600 +/- ft of nitrification line.

R. Beckwith

L. P. Brigman

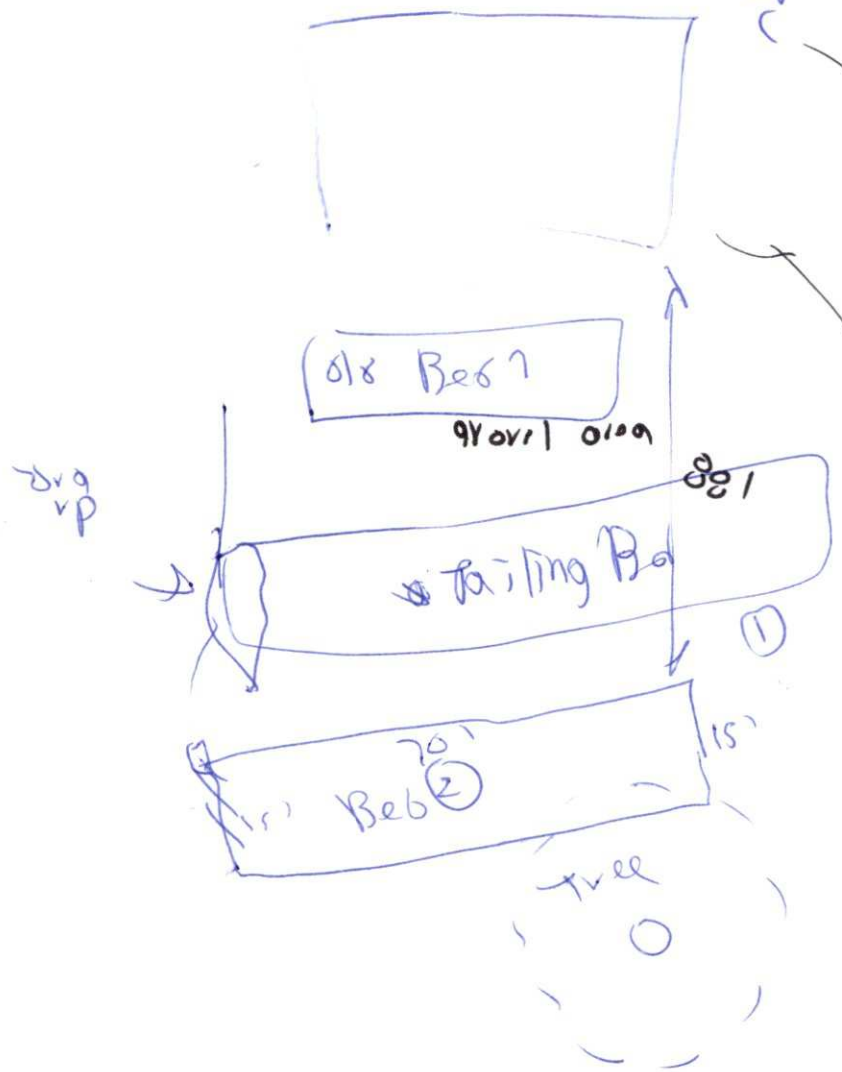
Environmentalist

EHD-5-76

Environmental Health Department's Copy

3 Beams

1	2
0-12"	0-13"
C	C
13"+	13"+
Exp	exp
C	C
13-40"	20"
Exp	glueing
C	begin



2' of sand gravel or chamber on sand?

Sewer available

Backhoe check out Sep?

Date Issued 28 Oct 22

Serial No. 1169

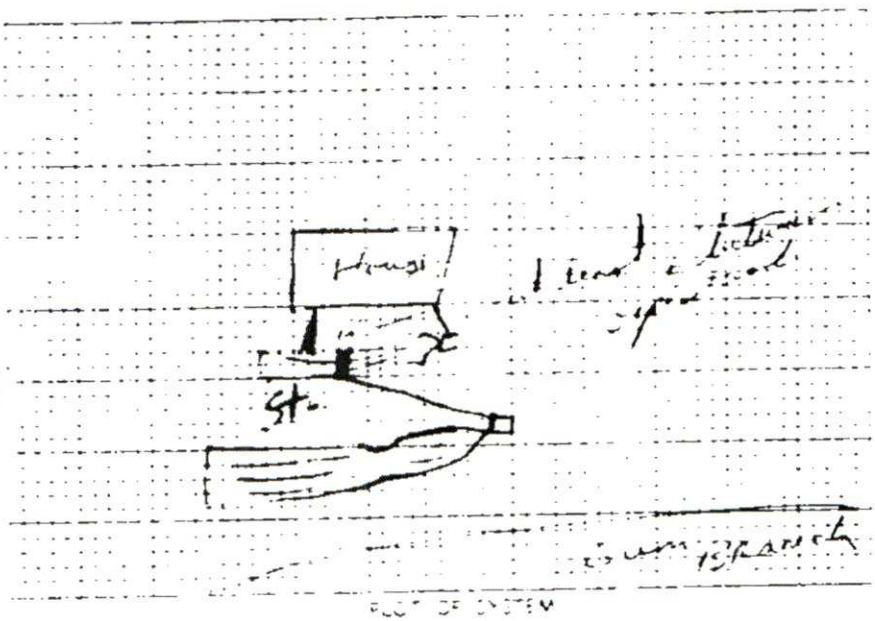
ICAR(S) Permit No. 12407

PIN C No 03-252-22

Map Date ---

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby granted to ✓ Install or Construct Alter or Repair the individual septic tank wastewater treatment system and subsurface, soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 12402 dated 5-6-22 and this permit shall be void and of no effect if the installation provided in the application is not made or construction is not completed on or before 28 Oct 23 after which date this permit cannot be used and void.



PLOT OF SYSTEM

Permit is for Replacement Field

Tank Capacity 1500 gal

Tank Construction Precast

Length of Absorption Area 600 ft (2)

Number of Lines 5 - 4

Spacing of Lines 10'

Depth of Trench 1'-6"

Distance from Well 100'

NAME OF OWNER Dotson Collect

LOCATION OF PROPERTY 1209 Gum Branch Rd

This permit is issued in accordance with the requirements of the Regulations of the Mecklenburg County Board of Health governing the granting of this permit. A certificate of completion must be submitted to the Environmental Health Department before the system may be covered up or otherwise rendered inaccessible for use. **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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.**

Comments

Gum (2 x 2 x 3 gal) Clean

ST (2 x 120 x 3 gal) Clean

Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

*Repair

PROPERTY ID #: 03130213
COUNTY: Mecklenburg

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Webb Gilbert DATE EVALUATED: 11/14/24
ADDRESS: 1318 Gum Branch Rd
PROPOSED FACILITY: Existing 3-Bedroom PROPOSED DESIGN FLOW (.0400): 360 PROPERTY SIZE: 1.2 ac
LOCATION OF SITE: 1318 Gum Branch Rd PROPERTY RECORDED: —
WATER SUPPLY: ☐ Public ☒ Single Family Well ☐ Shared Well ☐ Spring ☐ Other ____ WATER SUPPLY SETBACK: ≥50'
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	L 2%	0-12"	wbllr, C	fi, S, P, Sap	—	—	—	—	IV *Repair expansive 12-48"	*Repair
		12-48"	wbllr, C	vfi, VS, rP, Exp						
		48"+	Saprolite	—						
2	L 3%	0-13"	wbllr, C	fi, S, P, Sap	—	—	—	—	IV	*Repair
		13-45"	wbllr, C	vfi, VS, rP, Exp						
		45"+	Saprolite							
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	—	—
System Type(s)	—	—
Site LTAR	—	—
Maximum Trench Depth	—	—

SITE CLASSIFICATION (.0509): —
EVALUATED BY: Brandon Shuler
OTHER(S) PRESENT: —

Comments: Existing bed failing. Install bed in Saprolite below Expansive clay Mineralogy, 6" Sand, 24" gravel, 4 Lines Corrugated pipe. No Sewer availability. Well in back yard.

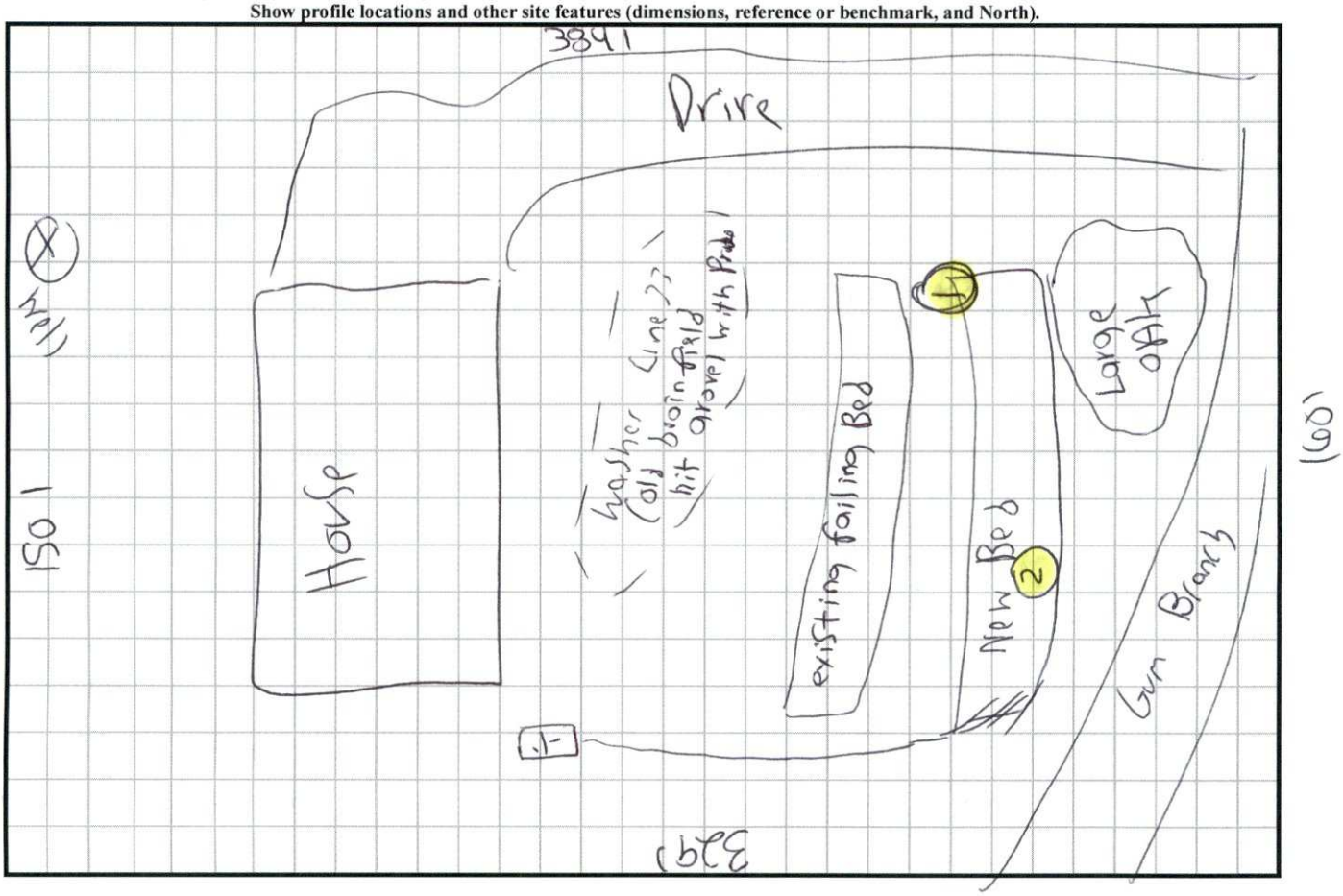
LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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 #: 12407 Permit #: 15066 Tax Parcel #: 031 302 13

Property Owner: Webb Gilbert

Job Location Address: 1318 Gum Branch Rd

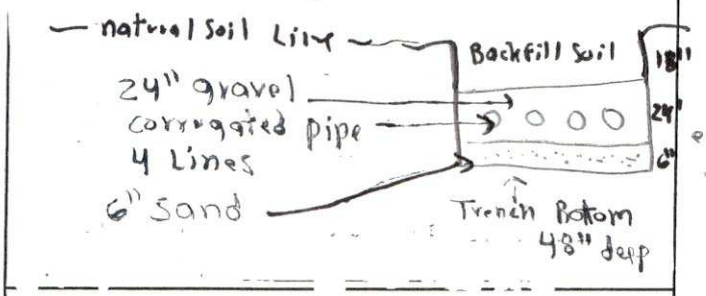
City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: 10/31/24 **Construction Authorization Issuance Date:** 10/31/24

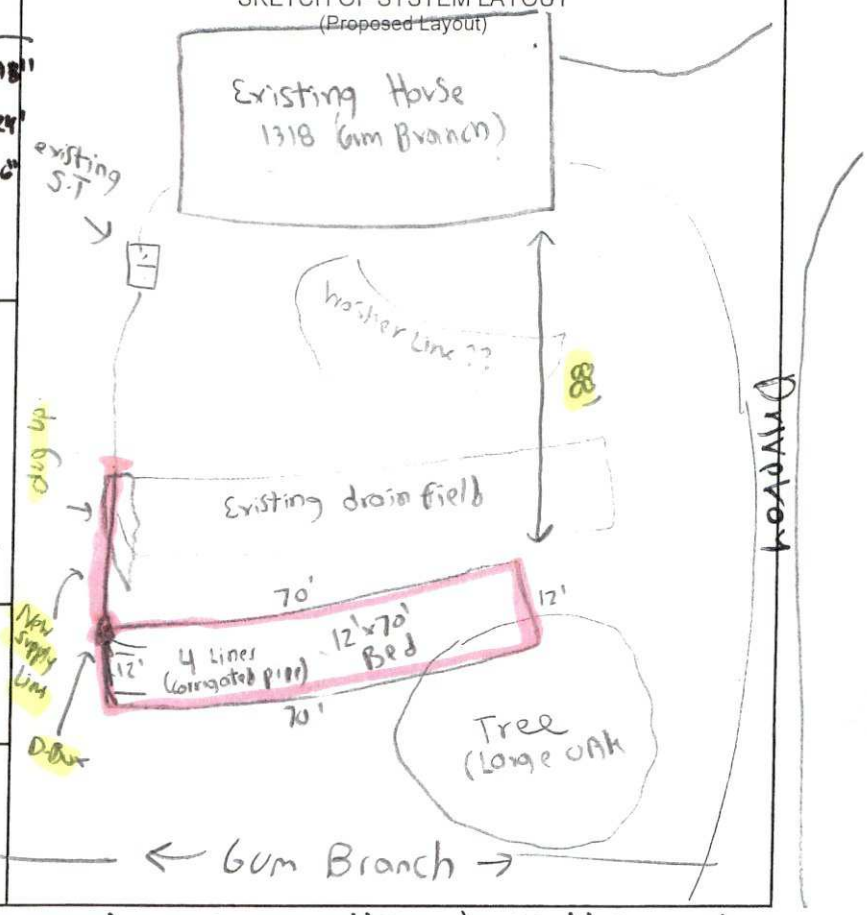
Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before —. 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: 360 GPD Site LTAR: — GPD/ft²

Liquid Capacity of Septic Tank: existing gallons Liquid Capacity of Dosing Tank: — gallons



SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 48 inches

Bed Width: 12 feet 24" gravel

Total line length: 280 feet 6" Sand

# of Lines: 4 @ 70 feet

Depth of Media: ____ inches (Type) ____

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other ____

Minimum System Setbacks

Distance from Building Foundation: ≥ 5 feet

Distance from Property Line: ≥ 10 feet

Distance from Water Supply Source: ≥ 50 feet

Comments: System Classification & Type: New 12'W x 70'L Bed, 6"Sand, 24"gravel

Authorized Agent: Braedon Shelton Signature: Braedon Shelton

Owner Signature: ____ Date: ____

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 #: 12407 Permit #: 15066 Tax Parcel #: 031 302 13

Property Owner: Webb Gilbert

Job Location Address: 1318 Gum Branch Rd

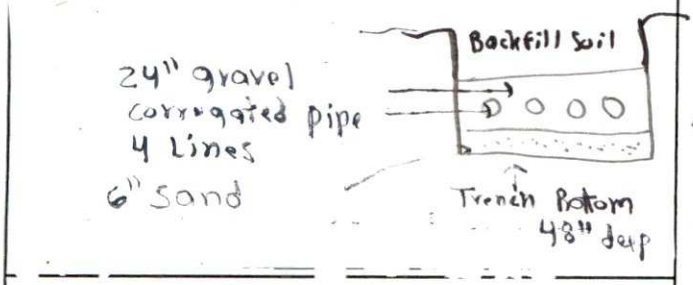
City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: 10/31/24 **Construction Authorization Issuance Date:** 10/31/24

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 —. 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: 360 GPD Site LTAR: — GPD/ft²

Liquid Capacity of Septic Tank: existing gallons Liquid Capacity of Dosing Tank: — gallons



Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 48 inches

Bed Width: 12 feet

Total line length: 280 feet

# of Lines: 4 @ 70 feet

Depth of Media: ____ inches (Type) ____

Distribution Device: D-Box

24" gravel
6" Sand

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other ____

Minimum System Setbacks

Distance from Building Foundation: ≥ 5 feet

Distance from Property Line: ≥ 10 feet

Distance from Water Supply Source: ≥ 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: New 12'W x 70' L Bed, 6" Sand, 24" gravel

Authorized Agent: Braedon Shelton Signature: Braedon Shelton

Owner Signature: ____ Date: ____

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 # 12407 App# 15066 Tax Parcel# 03130213

Property Owner: Webb Gilbert

Job Location Address: 1318 Gum Branch Rd

City: Charlotte State: NC Zip Code: 28214

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.**

Braedon Shelton — Authorized Agent

12/3/24 — Date

Steve Autry — 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 #: 12407 Permit #: 15066 Tax Parcel #: 03130213

Property Owner: Webb Gilbert

Job Location Address: 1318 Gum Branch Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 12/9/24 Contractor Name: Steve Autry

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

Liquid Capacity of Septic Tank: existing 1000 gallons Tank Manufacture — 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: _____

Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: 12/4/24

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 48 inches

Bed Width: 12 feet

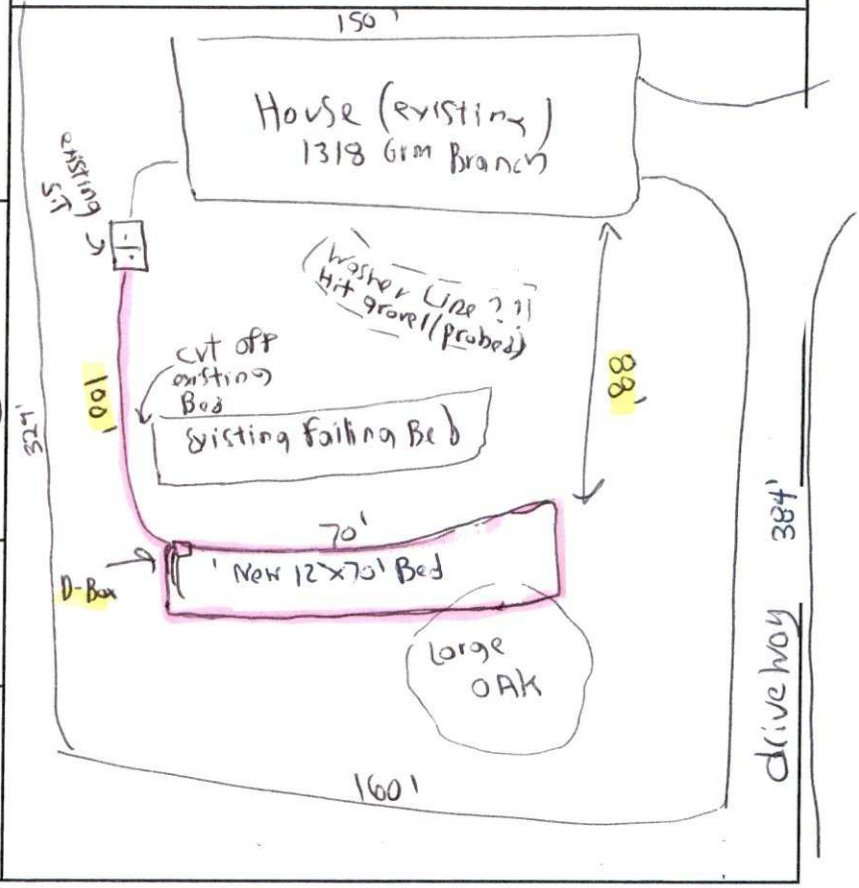
Total line length: 280 feet

# of Lines: 4 @ 70 feet

Depth of Media: — inches (Type) 24" gravel 6" sand (Corrugated Pipe)

Depth of Cover: — inches

Distribution Device: D-box



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: ≥ 50 feet

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: IIa 9, N/A N/A

12'x 70' Bed 6" Sand, 24" gravel, Corrugated pipe (4-Line)

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

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 #: 12407 Permit #: 15064 Tax Parcel #: 03130213

Property Owner: Webb Gilbert

Job Location Address: 1318 Gum Branch Rd

City: Charlotte State: NC Zip Code: 28214

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: II-9

*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: Repair 12'×70' Bed

DENR Authorized Agent: Braedon Shelton Date: 12/9/24

Signature: Braedon Shelton