10754

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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: 015-411-04
STREET ADDRESS: 6912 Gilead Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 2.77
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☒ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☒ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☒ BASMENT 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: Richard Gibbons
ADDRESS: 6912 Gilead Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704-363-9418
WORK PHONE: 704-945-6241
MOBILE PHONE:
FAX:

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

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

Revised on: 7/1/08

0704

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.

_____ (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.

_____ 11-11-10

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 FEES RECEIVED: $ 100.00 CK # 3140 DATE FEE RECEIVED: 11/16/10

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: SC

GWS FILE NUMBER ASSIGNED: 10754

APPLICATION ID NUMBER ASSIGNED: 4861

COMMENTS:

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

Revised on: 7/1/08

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30004861** GWS File #: **10754** Tax Parcel #: **015-411-04**

- 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. The Construction Authorization is **NOT** transferable. 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):** 11/18/2015

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 # Occupants: 3

Building Foundation: Basement Without Plumbing Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1440 Total Trench Length (ft): 480

Maximum Trench Depth (in): 24 Depth of Media (in): 12 Distribution Device: Drop Boxes

III. Repair System Type: Pump to Conventional **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1600 Total Trench Length (ft): 533

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michelone, R.S. Signature: _____

Date Issued: 11/18/2010

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30004861** GWS File #: **10754**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The repair system is already installed. A pump tank will need to be installed if a repair is ever needed.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 11/18/2010

Owner/Legal Agent: _____
Print Name

Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 10754 Permit #: ~~4132~~ 4861 Tax Parcel #: 015-411-04

Property Owner: RICHARD GIBBEY

Job Location Address: 6912 GILEAD ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 11/11/10

Permission is hereby given to ☐ install ☒ alter ☐ 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 11/11/11, after which date this approval shall be null and void. 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.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD Site LTAR: 0.25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 8 @ 60 feet

Depth of Media: 12 inches (Type) 25% RED.

Distribution Device: DROP BOXES

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 _____

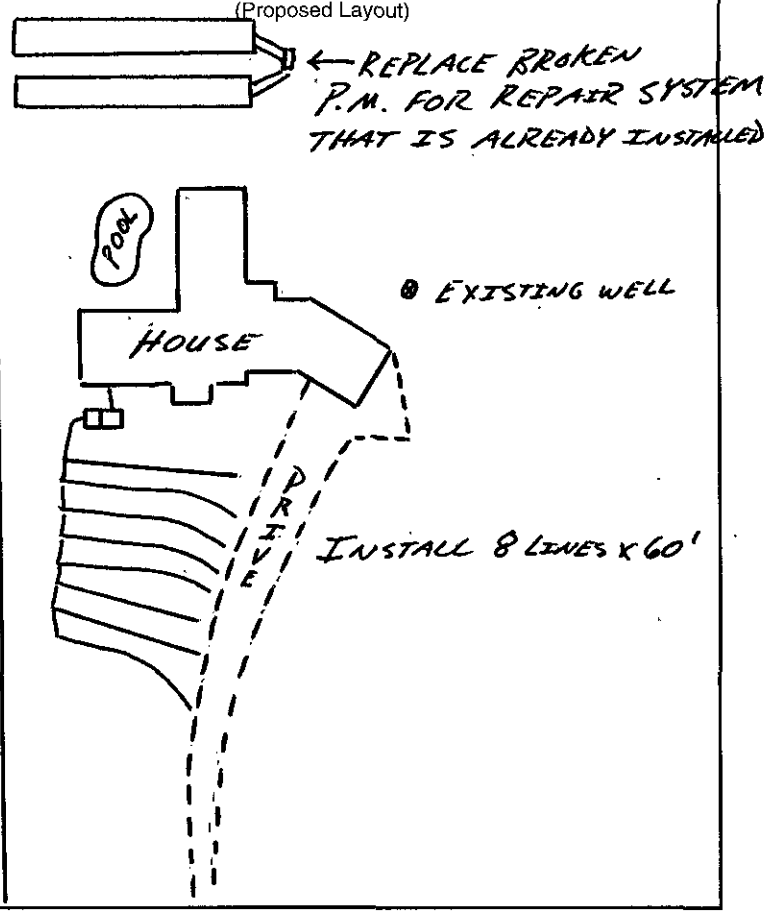
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: SYSTEM ALTERATION FOR A NEW 4 BEDROOM HOUSE REPLACE THE DAMAGED PRESSURE MANIFOLD TO BE UTILIZED IF A REPAIR IS EVER NEEDED.

DENR Authorized Agent: JEREMY MICHELONE, R.S. Signature: Jeremy Michelone, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 | Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 10754 Permit #: ~~4452~~ 4861 Tax Parcel #: 015-411-04

Property Owner: RICHARD GIBBEY

Job Location Address: 6912 GILEAD ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 4/11/11 Contractor Name: RHEA'S SEPTIC

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 *feet (O.C.)*

Total line length: 480 feet

# of Lines: 8 @ 60 feet

Depth of Media: 12 inches (Type) E21203H

Depth of Cover: 12 inches

Distribution Device: DROP BOXES

Inspection Dates

Tank(s) Inspected: 4/11/11

Excavation Inspected: 4/11/11

Pump & Controls Inspected: —

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: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

INSTALLED EXACTLY AS DESIGNED.

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

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ *installed* ☐ *altered* ☐ *repaired* ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: *System Classification & Type:* III g, E21203H, GRAVITY, NA, NA

DENR Authorized Agent: Jeremy Mickelson, R.S. Signature: Jeremy Mick, RS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 | Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 10754 Permit #: ~~4132~~ 4861 Tax Parcel #: 015-411-04

Property Owner: RICHARD GIBBEY

Job Location Address: 6912 GILEAD ROAD

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: IIIg

*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: Jeremy Nicholson, RS Date: 4/11/14

Signature: Jeremy Nicholson, RS

SERVICE REQUEST/WORK ORDER

Log No.: 17303 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 5/14/10 Parcel: 015-411-04 per 015-037-07 <60 Days? ( )Yes ( )No

REQUESTING PERSON: M Selvido PHONE NUMBER(S): 65545

PROPERTY CONCERNED: Name Richard Libbey (704) 363-9418

ADDRESS: 6912 Gilead Rd CITY Huntersville ZIP 28078

SERVICE REQUESTED: Please check location of septic system to the proposed pool location.

ASSIGNED TO/ AREA: JPM COMPLETED BY: _____

DATE	ACTIVITY REPORT
5/14	1376 File # 10754
5/18	O.S.V. House is under construction and vacant. Pool site meets all required setbacks. O.K. to release hold on pool permit.
5/20	LD for CWS gyc

NOTIFICATION TO REQUESTING PERSON: ( ) WRITTEN (✓) VERBAL ( ) NOT APPLICABLE

COMPLETED BY: Jimmy Mack, RS DATE 5/18/10

REVIEWED BY: Kelly Rowell DATE 5-19-10

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 6912 Gilead Rd

Subdivision Name: _____ City: Huntersville Zip Code: 28078

Owner: Richard Gibbey Home Phone: 704-363-9418

Mailing Address: 6912 Gilead Rd Work Phone: _____

City: Huntersville State: NC Zip Code: 28078

Contractor: Anthony + Sylvan Pools Phone: 704-525-1100

Mailing Address: 8334-A Arrowridge Blvd City: Charlotte State/Zip: 28273

1. Type of Water Supply(check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I Richard Gibbey, owner of the property, agree to the following requirements: *(initials are required beside each item listed.)*

- I certify that the application and site drawing being submitted are accurate and complete. RG
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. RG
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and completed once the pool is capable of holding water. RG

Signed: _____ 5-12-10
Property Owner's Signature Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account

Leah Teller _____ 5/12/10
NAME (PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☑ Contractor Account

Check Number: _____ Date: 5/13/10 By: mars

Contractor Charge Account: X34544

Request #: 3545 Parcel ID#: _____ EHS _____

Approved By: Jeremy Mickelson RS Date: 5/13/10 CRT _____

Disapproved By: _____ Date: _____ Notify Date: _____

Final/Fencing Inspection By: _____ Date: _____

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water.

Revised 4-08 2008

Project # 307891

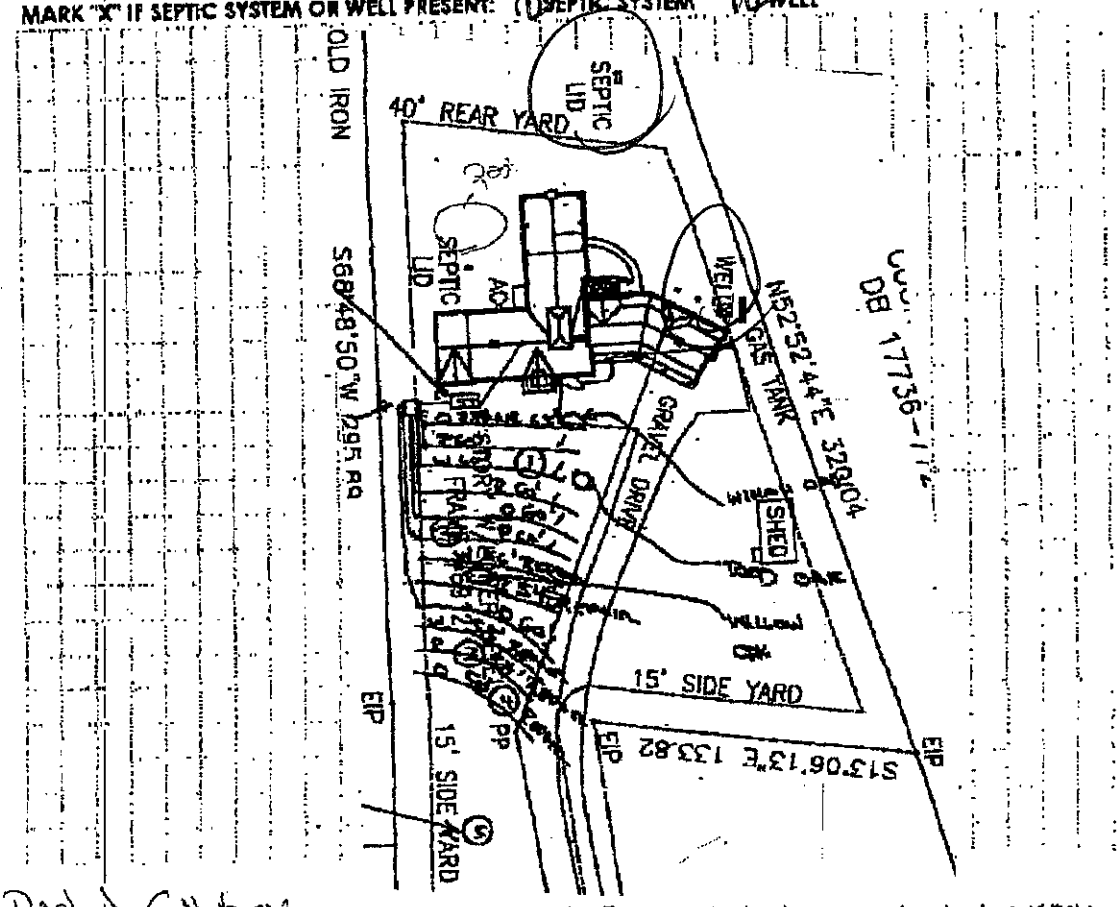
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX (704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 6912 Gilead Rd Hendersonville 28739

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet), and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: (\) SEPTIC SYSTEM (\) WELL



I, Richard Gibbey (homeowner) hereby affirm that the drawing above is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

HOMEOWNER SIGNATURE

5-12-10
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: _____ DATE: _____

10754

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES 4432 JPM

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 Existing well on property

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 01541104
STREET ADDRESS: 6912 Gilead Rd
CITY: Huntersville
STATE: NC **ZIP:** 28078
SUBDIVISION NAME: —
LOT #: — **LOT SIZE (acres):** 2.77 Ac
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: ~2500
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☒ BASMENT WITH NO PLUMBING
partial

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: — stay 3 bdr 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:** — 1 2 3 —

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

Apply for variance for existing well

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: Richard Gibbey
ADDRESS: 6912 Gilead Rd
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704-875-1133
WORK PHONE: —
MOBILE PHONE: —
FAX: —

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

NAME: Paul Pennington Sime
ADDRESS: 385 Timber Rd
CITY: Mooresville
STATE: NC ZIP: 28115
HOME PHONE: —
WORK PHONE: 704-662-8525
MOBILE PHONE: 704-996-1330
FAX: 704-662-8735

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

Revised on: 7/1/08

Call Paul Pennington to meet on site.

1706

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.

PJF (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.

Property Owner's or Owner's Legal Representative Signature

11-3-09
Date

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ 300.00 CK 3069 DATE FEE RECEIVED: 11/6/09

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 10754

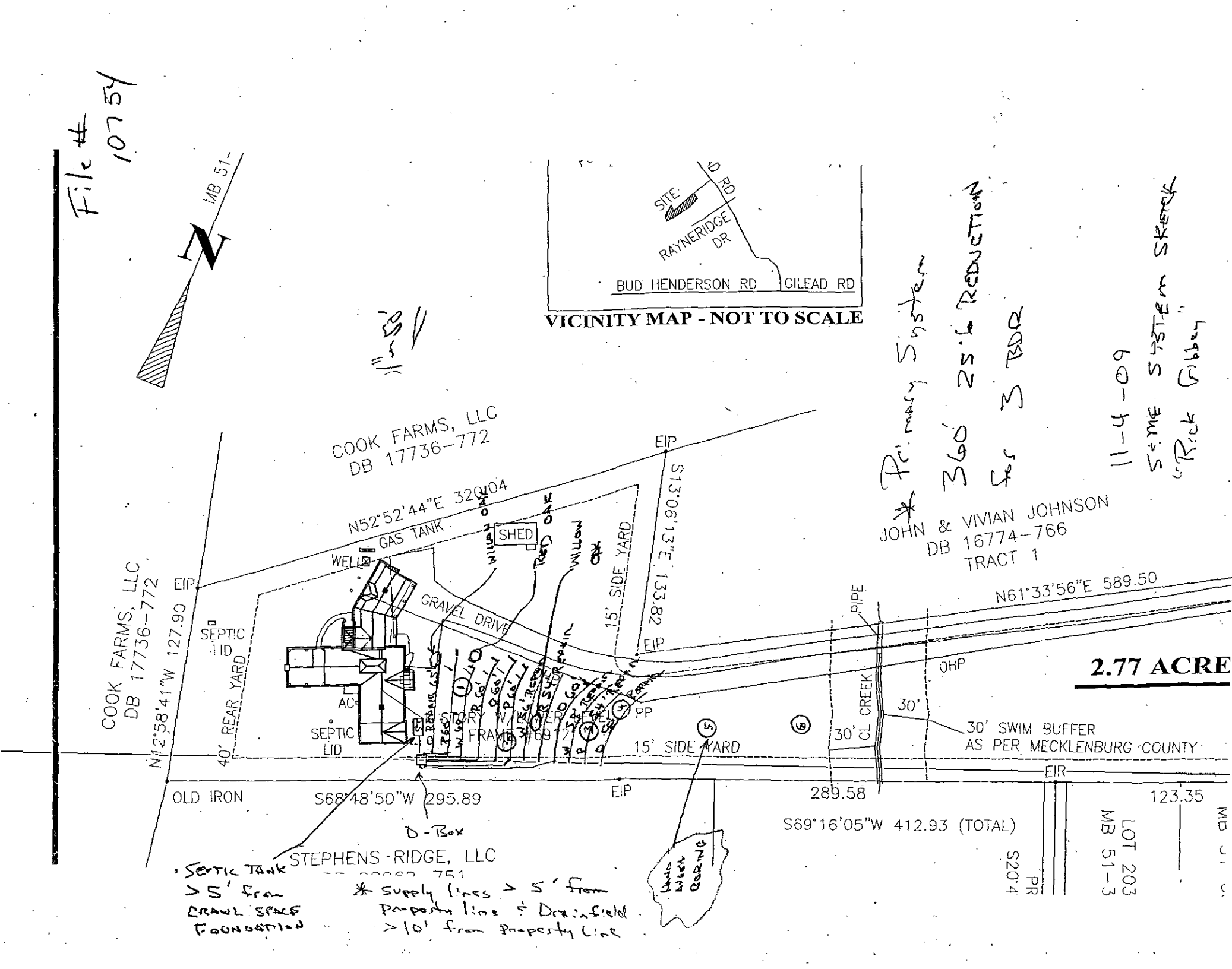
APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Revised on: 7/1/08

File # 10754


MB 51-
N
SITE
RAYNERIDGE DR
BUD HENDERSON RD
GILEAD RD
VICINITY MAP - NOT TO SCALE
COOK FARMS, LLC
DB 17736-772
EIP
N52°52'44"E 320.04
GAS TANK
WELL
SHED
WILLOW OAK
WILLOW
S13°06'13"E 133.82
15' SIDE YARD
JOHN & VIVIAN JOHNSON
DB 16774-766
TRACT 1
N61°33'56"E 589.50
PIPE
OHP
COOK FARMS, LLC
DB 17736-772
N12°58'41"W 127.90
SEPTIC LID
GRAVEL DRIVE
40' REAR YARD
AC
SEPTIC LID
2 STORY W/BRICK VENEER
FRAME #69121
PP
15' SIDE YARD
30'
CL CREEK
30' SWIM BUFFER
AS PER MECKLENBURG COUNTY
EIR
OLD IRON
S68°48'50"W 295.89
EIP
289.58
123.35
S69°16'05"W 412.93 (TOTAL)
D-Box
STEPHENS-RIDGE, LLC
WILLOW OAK
PR
S20°4
LOT 203
MB 51-3
2.77 ACRE
Primary System
360 sq.ft REDUCTION
S 57°35'00" E 60-11
Septic Tank
>5' from
CRAWL SPACE
FOUNDATION
* Supply lines > 5' from
property line & Drainfield
>10' from property line

November 4, 2009

Mr. Rick Gibbey
6912 Gilead Road
Huntersville, North Carolina 28078

Reference: Request for an alteration to a Septic Improvement Permit for 6912 Gilead Road
Mecklenburg County Health Department (MCHD) File # 10754

Dear Mr. Gibbey,

S&ME understands that you are requesting an alteration to the existing Improvement Permit for the above referenced lot. The lot currently has a pump to conventional septic system in the rear yard. This system was permitted in 1999 by Mr. Jeff Knight, R.S., formerly of the MCHD, to replace an existing drainfield impacted by a home expansion in 1999. It is our understanding that you now want to remodel the existing three bedroom home with a pool, garage, and additional square footage. The additions will affect the tank locations and possibly the existing drainfield. During a site meeting on October 26, 2009 your builder, Mr. David Tafelski, instructed us to evaluate the area in front of the existing house for a new, three bedroom system. During this site visit we observed that the existing drainfield may have had periodic surfacing of effluent.

On October 29, 2009 S&ME placed 6 hand auger borings on the site and flagged a proposed 3 bedroom, 25 percent reduction system in the front yard of the existing house at a 0.25 gpd/ft^2 Long Term Acceptance Rate. The repair area will be a combination of a 25 percent reduction system and a PPBPS system, and possibly utilize part of the existing, 1999 conventional system. The proposed garage will be less than 25 feet to the existing well. It is our understanding that you would like to be able to utilize the existing well, which will require a variance from the MCHD. We have preliminarily discussed the possible well variance with Mr. Jack Stutts of the MCHD.

The attached sketch and system specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot. **No grading shall take place on the lot prior to obtaining the septic permits from the MCHD.** The MCHD should verify all soils, system specifications, and required setbacks before permitting and/or septic system installation. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not

guarantees for site approval or future septic system performance. Any changes the MCHD deem necessary for the system specifications or layout shall be shown on the site plan and Improvement Permit.

Please call in you have and questions or comments.

Sincerely,

S&ME, Inc.

Paul G. Penninger, LSS
Licensed Soil Scientist

Rob Willcox, LSS
Natural Resources Department Manager

Attachments:
1. Site Plan
2. System Specifications
3. MCHD IP for existing system

Copy: Mr. Jeremy Michelone, R.S., MCHD

K:\1588\1588 REPORTS\Reports.09\1588-09-053 Rick Gibbey\Rick Bibbey Septic Plan.doc

S&ME, INC.
SITE/SOIL EVALUATION

Rick Fibley

Project No. 1588-09-053 **Phone No.** _____ **Date:** 10-29-09

Location Gilchrist Rd **Pin** _____ **County:** Mecklenburg **Property Size** 2.77 ac

Proposed Facility: 3 BL House **Water Supply:** On-Site Well ☒ **Evaluation:** Auger Boring ☒

Community ☐ Pit ☐

Described By: RSP Public ☐ Cut ☐

Weather: Mild **Antecedent Moisture** moist **Surface Water:** Wet Weather Ditch

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
Landscape Position %	L ~ 20%	L ~ 20%	L	L / FS
Horizon Depth I	0 - 10	0 - 17	0 - 17	0 - 13
Color Munsell	br	red br	br	red br
Texture	scl	cl	scl	scl
Structure	WSBK	WSBK	WSBK	WSBK
Consistence	fr SS/SP	fr SS/SP	fr SS/SP	fr SS/SP
		mix A & B from clearing		
Boundary				
Horizon Depth II	10 - 27	17 - 47	17 - 32	13 - 34
Color – Munsell	red	red	red br	red
Texture	C	C	C	C
Mottles		FF SAP inch		
Structure	mf SBK/ABK	mf SBK/ABK	WSBK	mSBK
Consistence	fi sl/p	fi sl/p	fi sl/p	fi sl/p
Boundary				
Horizon Depth III	24 - 46		32 - 44	34 - 47
Color – Munsell	red		red yell	yellowish
Texture	cl		C	C
Mottles				C red mott
Structure	m SBK		WSBK	WSBK
Consistence	fi sl/p		C yell brn m-mott	fi sl/p
			red (drain fr sl/p	SS-S2
Boundary				mott
Horizon Depth IV				@ 39"
Color – Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
Soil Wetness	—	—	—	39(1)
Restrictive Horizon	—	—	—	—
Saprolite	—	—	—	—
LTAR	.3	.3	.25	.225-.2
Classification	PS	PS	PS	PS to SP+

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
FS	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Concave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

Ns	non-sticky
Ss	slightly sticky
S	sticky
Vs	very sticky
Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grain
m	massive
cr	crumb
gr	granular
sbk	subangular blocky
abk	angular blocky
pl	platy
pr	prismatic

* I agree with the Soil Report done by Paul Pennington, LSS. RSM 11/10/09.

S&ME, INC.
SITE/SOIL EVALUATION

Project No. _____ **Phone No.** _____ **Date:** _____
Location _____ **Pin** _____ **County:** _____ **Property Size** _____

Proposed Facility: _____ **Water Supply:** **On-Site Well** ☐ **Community** ☐ **Public** ☐ **Evaluation:** **Auger Boring** ☐ **Pit** ☐ **Cut** ☐

Described By: _____
Weather: _____ **Antecedent Moisture** _____ **Surface Water:** _____

FACTORS	PROFILE 6	PROFILE 7	PROFILE	PROFILE
Landscape Position %				
Horizon Depth I	≤2	≤2		
Color Munsell		WETNESS		
Texture	WETNESS			
Structure				
Consistence	<18"	<18"		
Boundary				
Horizon Depth II				
Color – Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
Horizon Depth III				
Color – Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
Horizon Depth IV				
Color – Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
Soil Wetness	<18"	<18"		
Restrictive Horizon				
Saprolite				
LTAR				
Classification	UNSUITABLE	UNSUITABLE		

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
S	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Concave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

Ns	non-sticky
Ss	slightly sticky
S	sticky
Vs	very sticky

Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single gram
m	massive
cr	crumb
gr	granular
sab	subangular blocky
ab	angular blocky
pl	platy
pr	prismatic

FEE: 200 CK#10404

DATE: 2-9-99 Vic

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

COPY

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: [redacted] 13454 1075

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-031-07

STREET ADDRESS: 6912 Gilead Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

CLOSING DATE _____

Den addition.

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 1776

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE): well

___ COMMUNITY (C)
___ SHARED WELL (S)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
X PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	X YES ___ NO	WELL, SPRINGS OR WATERLINES	X YES ___ NO
EXISTING WASTEWATER SYSTEMS	X YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: Gibbey / Richard S.
(LAST) (FIRST) (MI)

ADDRESS: 6912 Gilead Rd.

CITY: Huntersville STATE: N.C. ZIP: 28078

DAYTIME PHONE: (704 895 1133

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

Steve DeLong

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 2-9-99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

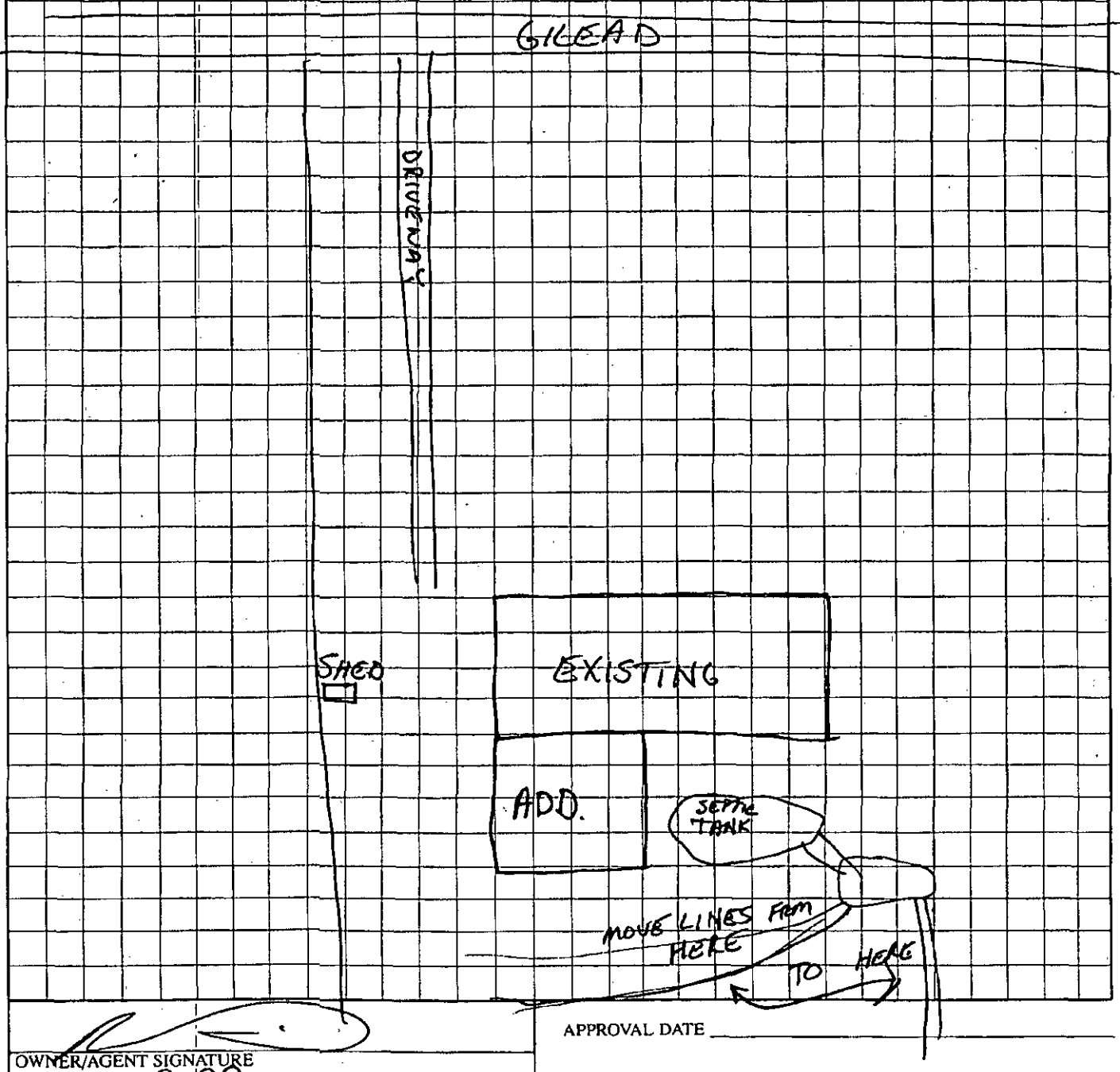
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 17054

TC: 015-031-07

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 2-9-99

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

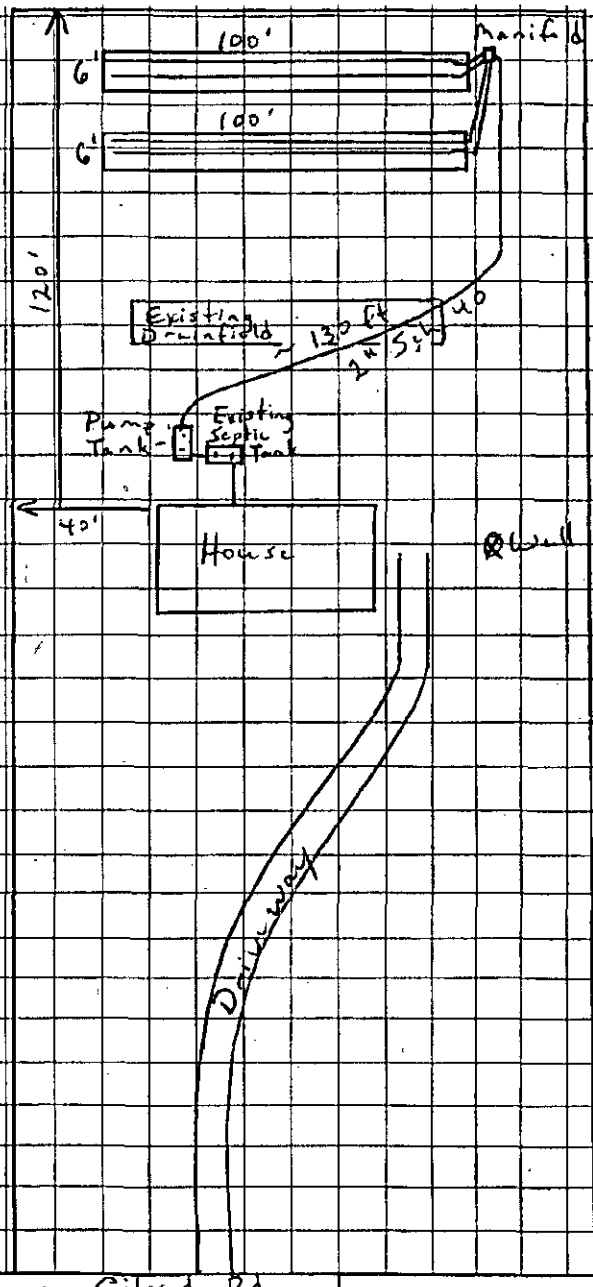
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10754

TC: 015-031-07

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Comments

1) Scale 1" = 50' (Note: outer boundries not to scale)
2) Keep lines level and on contour of land.
3) Keep trenches shallow - 24" maximum.
4) Keep all parts of septic system at least 100 ft from well.
5) Keep all parts of septic system at least 10 ft from any property line.
6) Keep all parts of septic system at least 5 ft. from any building foundation.

John T Gibby
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Permit Number: 10754

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 015-031-07

The 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. The Construction Authorization is NOT transferable. 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.

Basement	___ Yes	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	Existing Gallon septic tank	400 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: 1) Riser must be placed over outlet end of pump tank * See Plot				
Repair Area System Type Type (circle one): I II (III) IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12 Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Jeff A. Knight 2/18/99
DEHNR Authorized Agent — Date

John L Gibby
Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/18/99 PERMIT NO: 10754
PARCEL NO: 015-031-07

JOB LOCATION ADDRESS: 6912 Gilead Rd Huntersville
PROPERTY OWNER: Richard Gibbey
BUILDING CONTRACTOR: Steve Delaney
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jeff A. Knight DATE: 2/18/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 10754, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Plot

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

John F Gibbey
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

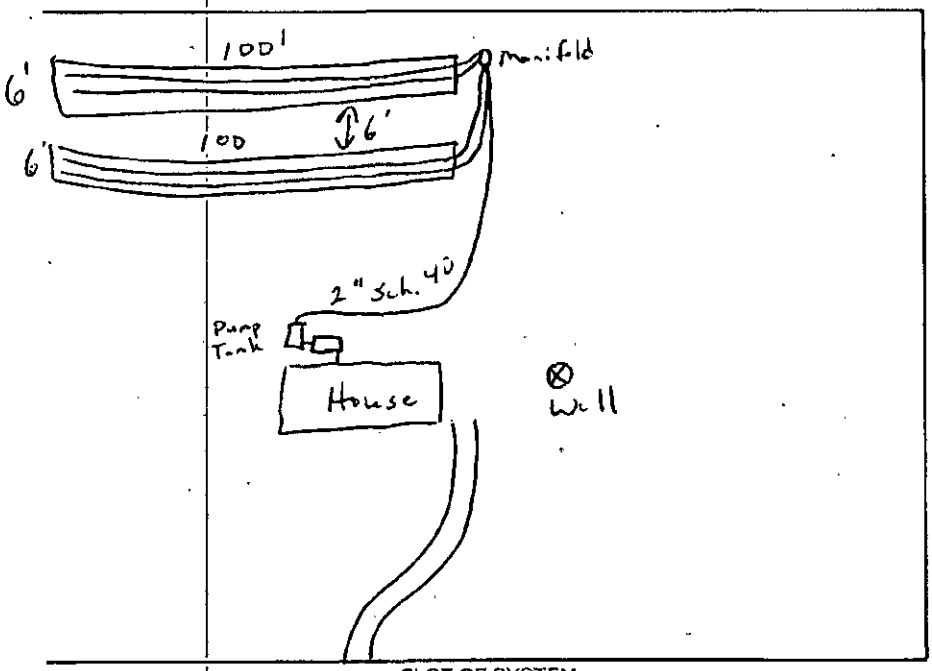
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10754 DATE: 2/23/99

TC: 015-031-07 W L

SERIAL Nº 18050

Permission is hereby given to NA Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2/9/99. All work shall be completed on or before March 23, 1999, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction P.C.C.

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 4 (2/trench)

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Richard Gibbey

LOCATION OF PROPERTY 6912 Gilead Rd Huntersville

Comments: 1) Keep lines level and on contour. 2) Keep trenches shallow.

Jeff A. Knight
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **10754** Tax Number: **01541104**

- The 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. The Construction Authorization is **NOT** transferable. 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.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.25 Long-term acceptance rate (GPD/ft^2)	**360** Max gallons/day wastewater flow	**1080** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**1500** Gallon septic tank	**360** Total trench length (ft)	**24** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	**NA** Gallon pump tank	**12** Depth of media (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions: **Repair system is half panal block and half approved system.**

Repair Area System

Type: ☐ I ☐ II ☒ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

1140 Absorption Area (ft^2) **380** Total trench length (ft)	**12** Depth of media (in)	**9** Trench spacing (min. on centers) (ft)	**24** Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation Approval is granted by this Department.

*** This Improvement permit is transferable.

11/16/09
DENR Authorized Agent Date

1-22-10
Owner/Agent Signature Date

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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Design Specifications for 6912 Gilead Road
MCHD File # 10754

Daily Design Flow:	360 gpd
Number Bedrooms:	3 bedroom
Basement or Crawl Space:	Crawlspace – Partial Basement w/o plumbing
Septic Tank Size:	1500 gal
Primary System Loading Rate:	**0.25 gpd/ft^2**
Primary System:	**25% reduction**
Number and length of laterals:	6 @ 60 ft.
Total ft. of primary system:	360 ft.
Distribution:	gravity, D-box

Repair System: 180 gpd PPPBPS @ 0.25 gpd/ft^2
(120 ft. required – 121 ft. flagged
180 gpd 25 Percent Reduction @ 0.225 gpd/ft^2
(200 ft. required – 216 ft. flagged)

Notes: Sewer may be available in future as it is installed in future subdivision to the south.

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **10754** Tax Number: **01541104**

- The 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. The Construction Authorization is **NOT** transferable. 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.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.25 Long-term acceptance rate (GPD/ft^2)	**480** Max gallons/day wastewater flow	**1440** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**1500** Gallon septic tank	**480** Total trench length (ft)	**24** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	**NA** Gallon pump tank	**12** Depth of media (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions: **Replace broken pressure manifold for the use of the repair system that was already installed 3/17/99**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1440 Absorption Area (ft^2) **480** Total trench length (ft)	**24** Depth of media (in)	**9** Trench spacing (min. on centers) (ft)	**36** Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation Approval is granted by this Department.

*** This Improvement permit is transferable.

Jerry Medlin, R.S. 11/11/10

DENR Authorized Agent Date

Owner/Agent Signature Date

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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION