MECKLENBURG COUNTY
HEALTH DEPARTMENT

5220B #9282

24 OCT '17 AM 9:22

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: 6074 3115

STREET ADDRESS: 15332 June Washam Rd

CITY: Davidson

STATE: NC ZIP: 28036

SUBDIVISION NAME: Combray Woods

LOT #: 3 LOT SIZE (acres): 2.51

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: 6950

NUMBER OF BEDROOMS: 6

NUMBER OF OCCUPANTS: 6

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?** 2003 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: JD Gibbs

ADDRESS: 15332 June Washam Rd

CITY: Davidson

STATE: NC ZIP: 28031

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

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

NAME: Brian West

ADDRESS: 9815 Sam Furr Rd # J205

CITY: Huntersville

STATE: NC ZIP: 28078

WORK PHONE: _____

MOBILE PHONE: (704) 309-7473

FAX: _____

E-MAIL: west building group @ yahoo.com

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.

BW (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.

_____ 10/20/17

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

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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:

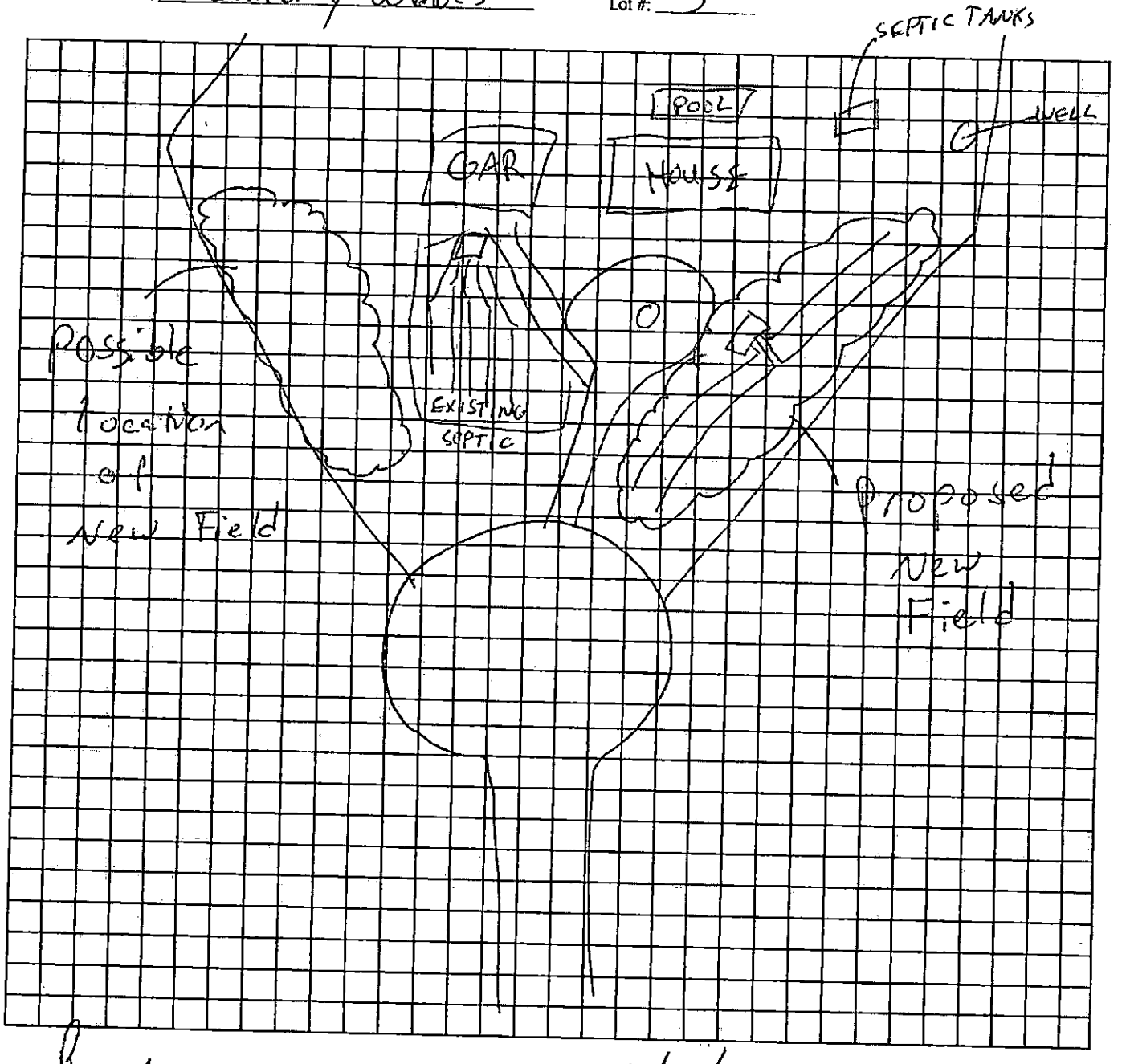
File #: _____

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: 15332 June Washam Rd Tax Parcel #: 00743115

Subdivision Name: Combray Woods Lot #: 3



Property Owner's or Owner's Legal Representative Signature

10/20/17
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

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

File #: 52208 Permit #: _____ Tax Parcel #: 007-451-15

Property Owner: Jason Gibbs

Job Location Address: 15332 June Wasson Road

City: Davidson State: NC Zip Code: 28031

Installation Approval Issuance Date: 3/24/08

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 _____, 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: 720 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: existing gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 70 feet

# of Lines: 1 @ 70 feet

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

Distribution Device: P. Manifold

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

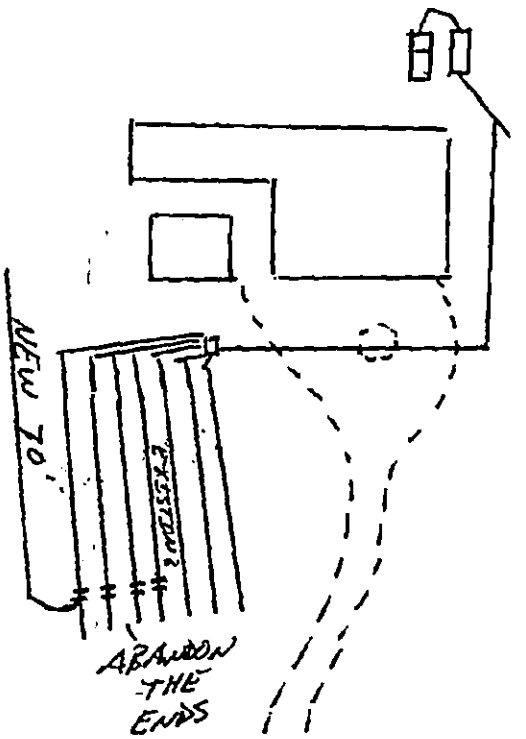
Distance from Building Foundation: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

well



Comments: System Classification & Type: III b Pump to 25% Red. Repair

* A Cut was made into the ends of the drainfield lines.

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

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

Sheet: 1
Property ID: PO 007-431-02
Lot #: 3
File #: 5220B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: William Brewster Co., Inc.
Applicant: Ashley Rollans
Address: PO Box 99, Davidson, N. C. 28036
Date Evaluated: 05/14/2003
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: .4a. Inv.
Location of Site: Off June Washam Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr. Horiz.	Profile Class & LTAR
1	FS, 5	0-16	GR/SCL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	N/A	NONE	PS, IV .4GPD/FT^2
		16-43	WKSBK/SC	FI/SEXP/S/P					
2	LS, 8	0-48+	"	"	>48" TO SOIL WETNESS	48+	"	"	"
		TOPSOIL REMOVED							
3	"	0-21	SBK/C	FI/SEXP/S/P	>37" TO SOIL WETNESS	37	"	"	"
		21-37	WKSBK/SCL	FR/SEXP/SS/SP					
		37+	M/SCL	"					
		TOPSOIL REMOVED							
4	"	0-21	SBK/C	FI/SEXP/S/P	>48" TO SOIL WETNESS	48+	"	"	"
		21-48+	SBK/SCL	FR/SEXP/SS/SP					
5	LS, 5	0-8	GR/SL	FR/SEXP/NS/NP	>48" TO SOIL WETNESS	"	"	"	PS, IV .3GPD/FT^2
		8-37	ABK/SBK/C	FI/SEXP/S/P					
		37-48	SBK/CL	FR/SEXP/SS/SP					
6	"	0-6	GR/SCL	"	"	"	"	"	"
		7-37	SBK/ABK/C	FI/SEXP/S/P					
		37-48	SBK/CL	FR/SEXP/SS/SP					
7	"	0-6	GR/SCL	"	"	"	"	"	"
		6-34	SBK/C	FI/SEXP/S/P					
		34-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/21/2003 W.R. Marlin
Others Present: J. Michelone, A. Rollans

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

Sheet: 2
Property ID: PO 007-431-02
Lot #: 3
File #: 5220B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:
Address: Date Evaluated:
Proposed Facility: Design Flow (.1949): Property Size:
Location of Site: Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 1941 Structure/ Texture	1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr. Horiz.	Profile Class & LTAR
8	LS, 5	0-2	GR/SL	FR/SEXP/NS/NP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		2-21	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		21-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

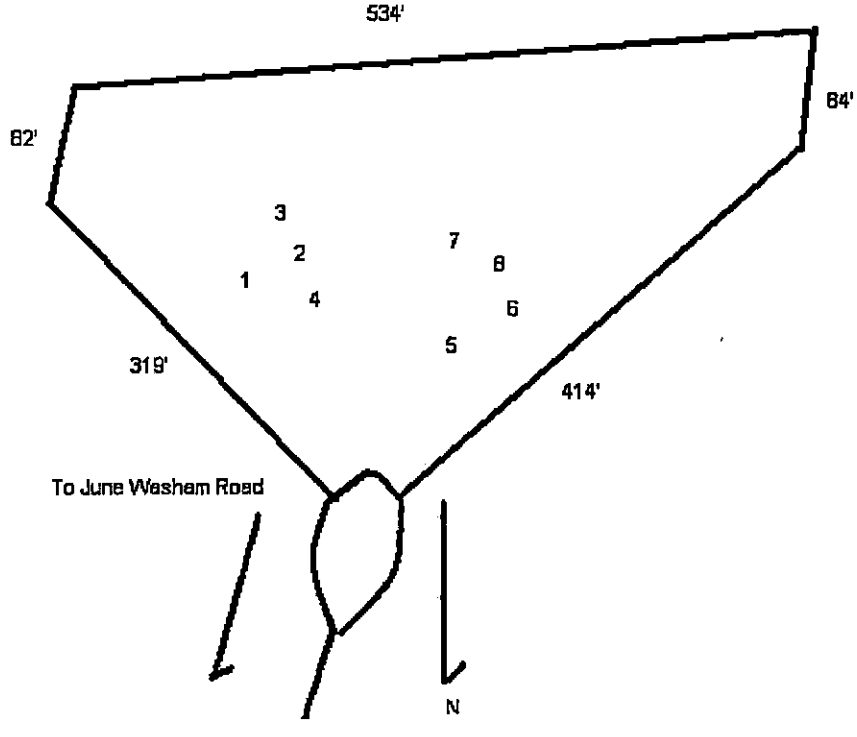
Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By:
Others Present:

FILE # 5220B

COMMENTS: 100% repair,

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



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

Sheet: 1 of 2
Property ID: 007-431-15
Lot #: 3
File #: 5220B
AppID: 9282

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: JD Gibbs
Address: 15332 June Washam Rd, Davidson, NC 28031
Proposed Facility: 6 Bedroom House Repair
Design Flow (.1949): 720 GPD
Location of Site: 15332 June Washam Rd, Davidson, NC 28031
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Brian West
Date Evaluated: 12/11/2017
Property Size: 2.51 ac
Property Recorded: 2003

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 4%	0 - 6	gr SL	SS SP FR SEXP	>54	54	NA	NA	few EXP clay inclusions 6 - 54" saprolite inclusions 18 - 54" boring in wooded area behind backyard fence on right side	PS IV 0.2	42"
		6 - 30	sbk C	S P FI SEXP							
		30 - 54	sbk SCL	SS SP FI SEXP							
Boring #2	LS 8%	0 - 3	gr L	SS SP FR SEXP	>60	60	NA	NA	boring in area between drive and system	PS IV 0.275	60"
		3 - 35	sbk C	S P FR SEXP							
		35 - 60	sbk CL	SS SP FR SEXP							
Boring #3	LS 2%	0 - 40	Fill		2 chroma at 30"	0	NA	NA	very wet 30 - 40" boring in soccer field	US	NA

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR (gpd/sq ft)		

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

File #: 5220B
AppID: 9282

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Sketch of Soil Evaluation Locations

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 5220 B Permit #: 30009282 Tax Parcel #: 007-431-15

Property Owner: Jason & Melissa Gibbs

Job Location Address: 15332 June Washam Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 5/9/18 Contractor Name: Brad, Chris, R&H Septic

Permitted Design Flow: 420 GPD Liquid Capacity of Dosing Tank: Existing gallons

Liquid Capacity of Septic Tank: Existing gallons Manufacture n/a Effluent Pump Model: n/a

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: n/a

Excavation Inspected: 5/9/18

Pump & Controls Inspected: n/a

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

Bed Depth: 36 inches

Bed Width: 9 feet

Total line length: 480 feet

# of Lines: 6 @ 80 feet

Depth of Media: 24 inches (Type) TCHP

Depth of Cover: 12 inches

Distribution Device: Drop box, Pbox

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

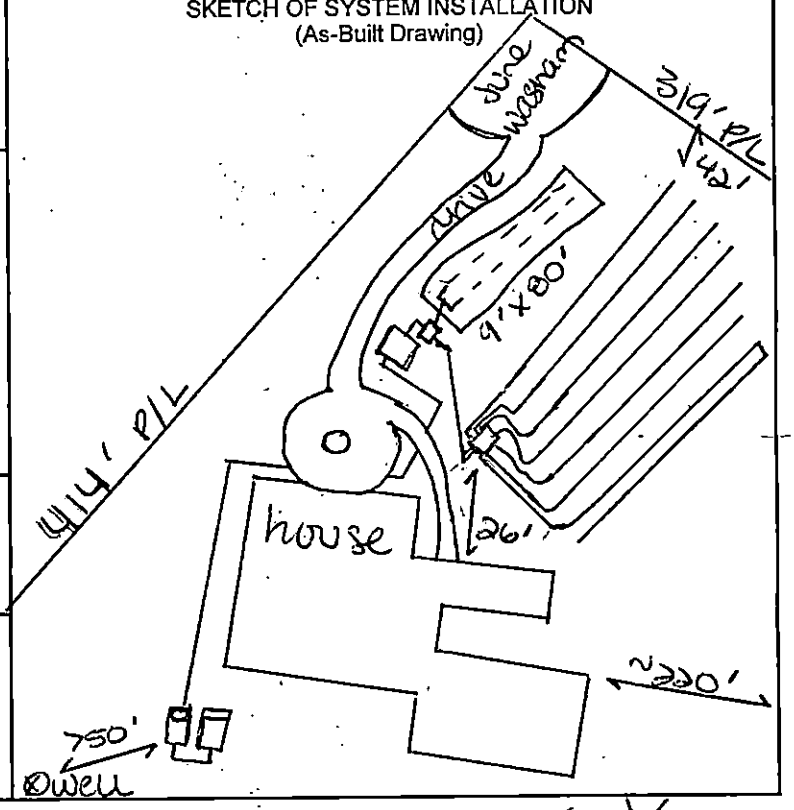
System Installation Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

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: IIb, pressure, TCHP, n/a, n/a, Repair - pump to washerbox - to drop box to fill bed first - overflow to Dbox to existing lines

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 5230 B Permit #: 30009382 Tax Parcel #: 007.431.15

Property Owner: Jason & Melissa Gibbs

Job Location Address: 15332 June Washam Rd

City: Davidson State: NC Zip Code: 28036

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: III b

*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: Kim Garrett, REHS Date: 5/9/18

Signature: Kim Garrett, REHS

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

Septic System Pre-Construction Meeting Checklist

File # 52203 App # 30009282 Tax Parcel # 067-431-15

Property Owner: Jason & Melissa Gibbs

Job Location Address: 15332 June Washam Rd

City: Davidson State: NC Zip Code: 28036

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.

Kim Garrett
Authorized Agent

11/28/17
Date

Brad, Chris, R&H
Others Present

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5220 B Permit #: _____ Tax Parcel #: 007-431-15

Property Owner: Jason & Melissa Gibbs

Job Location Address: 5332 Vine Washam Rd

City: Davidson State: NC Zip Code: 28036

Improvement Permit Issuance Date: 12/14/17 Construction Authorization Issuance Date n/a

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 permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. 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: 720 GPD Site LTAR: 1.3 GPD/ft² (For new installations only.)

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

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: 36 inches

Bed Width: 9 feet

Total line length: 480 feet

# of Lines: 6 @ 80 feet

Depth of Media: 24 inches (Type) chips or stone

Distribution Device Washer box-drop boxes

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

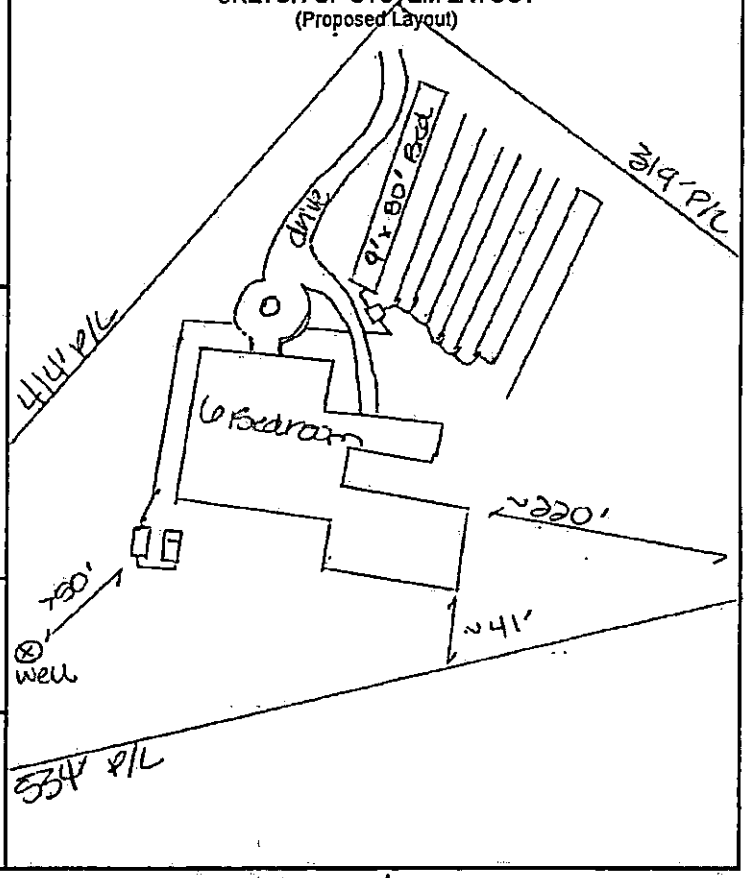
Minimum System Setbacks

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: IIa, repair - install 9'x80' bed with 24" stone or tire chips, disconnect pressure manifold & pump to washer box into bed, overflow into existing lines

Authorized Agent: Kim Gaggett, REHS Signature: Kim Gaggett REHS

Owner Signature: Melissa Gibbs Date: 1-9-18

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5220 B Permit #: 30009282 Tax Parcel #: 007-431-15

Property Owner: Jason & Melissa Gibbs

Job Location Address: 15332 June Washam Rd

City: Davidson State: NC Zip Code: 28036

Improvement Permit Issuance Date: 12/14/17 **Construction Authorization Issuance Date** n/a

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 permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. 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: 720 GPD

Site LTAR: 1.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: existing gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: 36 inches

Bed Width: 9 feet

Total line length: 480 feet

# of Lines: 6 @ 80 feet

Depth of Media: 24 inches (Type) chips or stone

Distribution Device: Washer box-drop boxes

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

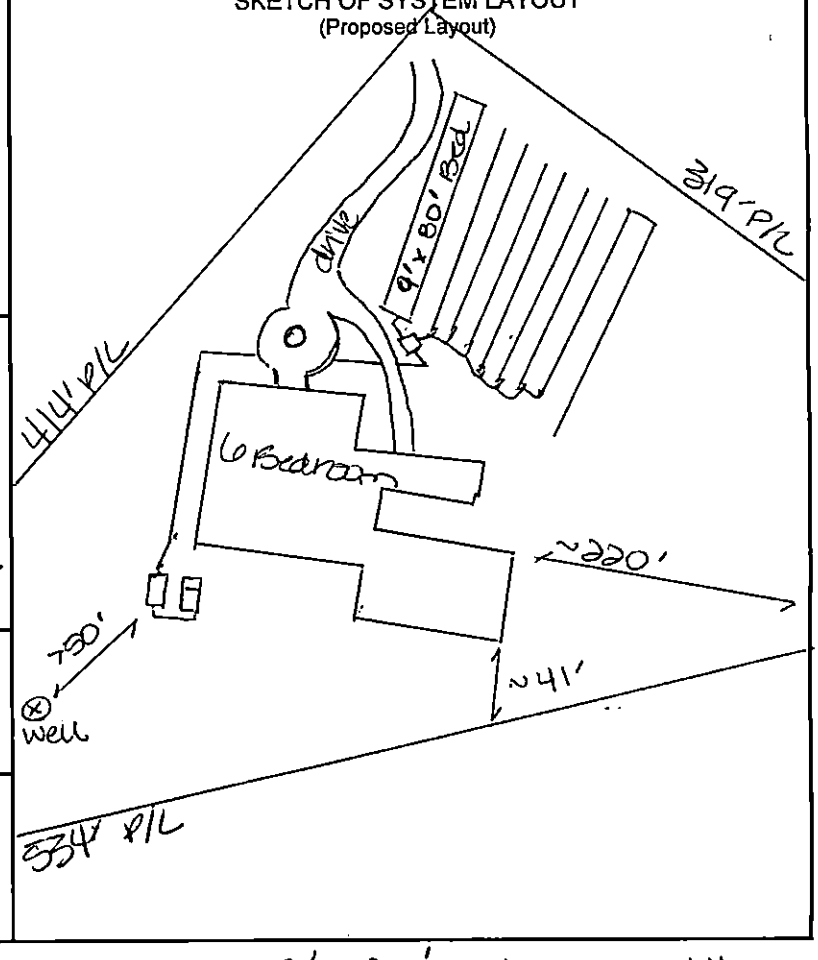
Minimum System Setbacks

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: IIIb, repair- install 9'x80' bed with 24" stone or tire chips, disconnect pressure manifold & pump to washer box into bed, overflow into existing lines

Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett REHS

Owner Signature: _____ Date: _____