SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12021B

Assigned Inspector: Patrick - Heather

☑ IP $250.00: GM 8/19/24 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: Jena 12/4/24 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: 11/6/24 ☑ Signature received: 11/8/2024 MR

☑ 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: 5/23/25

☐ Release final hold in Winchester: _____

Comments:

11/8/24 Called Randy Beard @ 980-253-7376 to get his Email. It is WestonBeard58@yahoo.com

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/19/24	**Amount:**	250.00
Receipt #:	150462	**Tendered:**	250.00
Check / Auth #:	VISA 063540	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: WESTON BEARD
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6116 GILEAD RD	1	250.00	250.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		2,737.50			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/04/24
Receipt #: 151864
Check / Auth #: VISA 02098G
Received By: ALVARJS

Amount: 200.00
Tendered: 200.00
Returned: 200.00

Account Information

Account #: 200000
Contractor: CHARLIE FRANK
Attn:
Address:
Address:
City/State/Zip:

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 01501106 (6100 GILEAD)	1	200.00	200.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		580.00		2,737.50	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/04/24
Receipt #: 151866
Check / Auth #: VISA 02098G
Received By: ALVARJS

Amount: 200.00
Tendered: 200 00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CHARLIE FRANK
Attn:
Address:
Address:
City/State/Zip:

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 01501106 (6100 GILEAD)	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		580 00		2,737 50	

120213

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#14869

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: 01501106
STREET ADDRESS: Piece of 6116 Gilead Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: N/A
LOT #: ~~8~~ 8B LOT SIZE (acres): ~~1.09~~ 2.0
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: 2650
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
⊗ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☒ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ⊗ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☐ ANY TYPE ☒ CONVENTIONAL ☒ ACCEPTED ☒ INNOVATIVE ☒ ALTERNATIVE ☐ OTHER _____
8A. RANK: 1 2 4 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

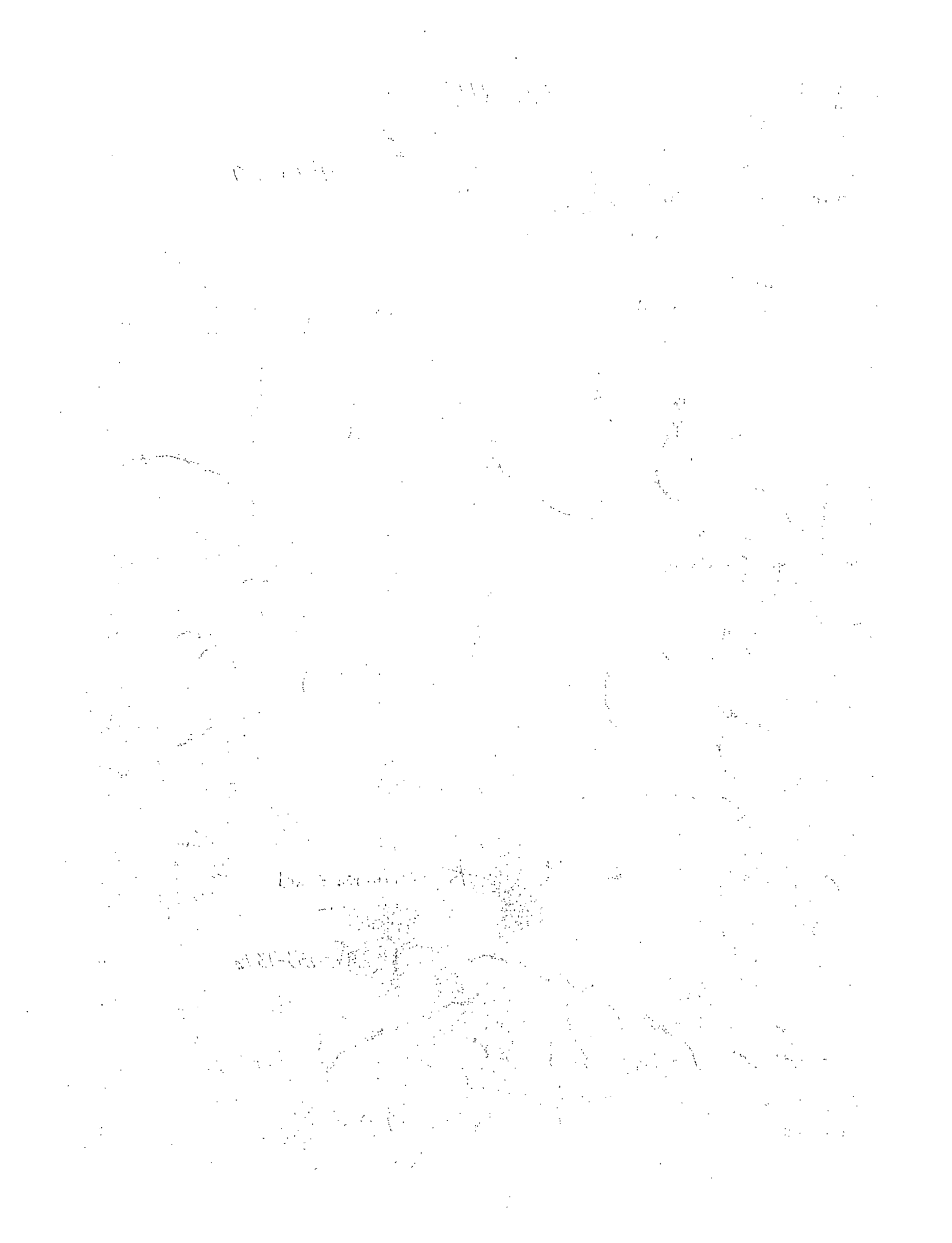
10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☐ UNKNOWN To be subdivided once septic perc is confirmed

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

12. PROPERTY OWNER:
NAME: Randy D Beard
ADDRESS: 6116 Gilead Rd 28078
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: 704-519-8204
FAX: _____
E-MAIL: RDBUNC@Yahoo.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: → Weston Beard
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: 980-253-7396
FAX: _____
E-MAIL: _____

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



14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted; complete site plan = 60 months, complete plat = non-expiring. RDB (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance. N/A (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Ruby D. Board — Property Owner's or Owner's Legal Representative Signature

8-15-24 — Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GW/S FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

Lot identified as "New Lot 8B" on attached plot. Part of PID 01501106. Will be subdivided after confirming septic perc.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202 OFFICE: 980-314-1650 FAX: 704-336-6804
Email: Wellreg@MecklenburgCountyNC.gov

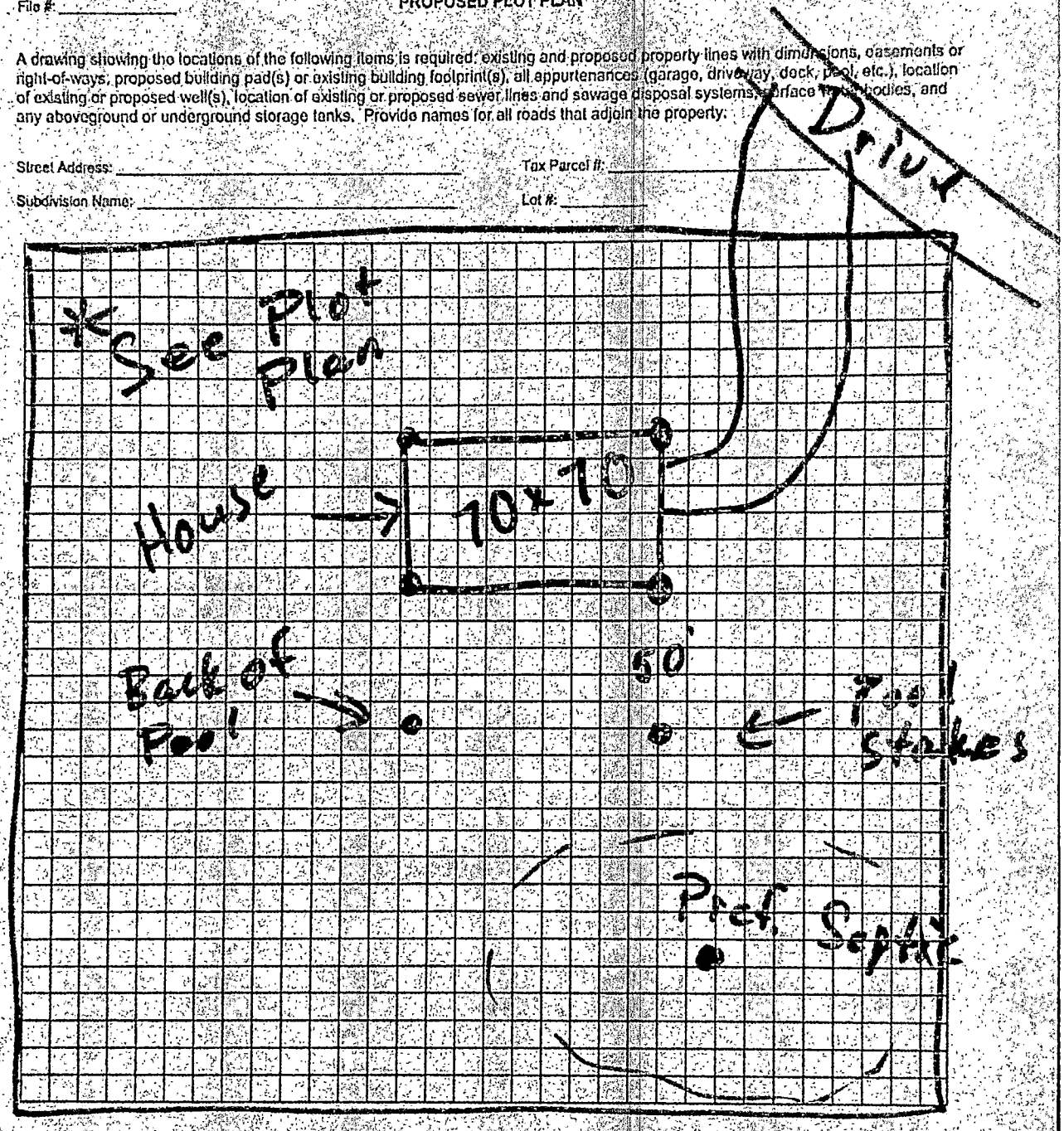
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, dock, 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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-8894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Mecklenburg County

Environmental Health

Groundwater & Wastewater Services

How to Prepare Your Property for an Improvement Permit:

The following items must be done before a Mecklenburg County Health Department representative can visit your site:

- Identity and mark all property corners
    - **Note: For tracts larger than 2 acres contact this department for specific instructions relating to identifying property lines.**
- All property lines should be marked every 50 feet.
- You are responsible for marking all structures to be built on site.
- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.
    - **Note: Absolutely no grading, filling, or cutting shall occur on site prior to evaluation for permit issuance.**
- When lot is clearly marked as above instructions require, give our office a call at 980-314-1680. We will then connect you with the inspector who will complete the soil test.

Note: Failure to follow these instructions properly can result in a 2-week delay in processing your application. If the lot is improperly marked and results in an additional trip a $100 extra trip fee may apply.

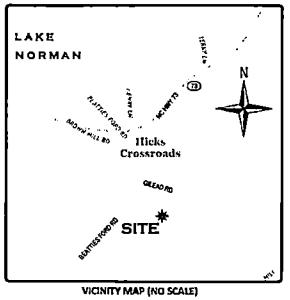
By signing below, I acknowledge that I have fully read and understand this document.

Property Owner's or Owner's Legal Representative Signature

8-15-24
Date

3205 Freedom Dr. Suite 8000 J, Charlotte NC • 28208 • (980) 314-1680 • Fax (704) 336-6894
Last Modified: 8/7/23

Docusign Envelope ID: 3961E241-BD5B-4B04-83EA-282A1B763320



REVIEW OFFICER:

I, Patrick Patterson REVIEW OFFICER OF MECKLENBURG COUNTY, N.C. CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

Signed by: Patrick Patterson
REVIEW OFFICER — DATE: 10/2/2024

OWNER CERTIFICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT, AND DEDICATE ALL STREETS, ALLEYS, WALKS, PARKS, AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED. FURTHERMORE, I DEDICATE ALL SEWER LINES AND ALL WATER LINES TO THE CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT, IF APPLICABLE.

DocuSigned by: Randy D. Beard
OWNER Randy D. Beard — DATE: 10/2/2024

EXEMPT SUBDIVISION

THIS PLAT REPRESENTS A DIVISION OF PROPERTY WITHIN THEJ URISDICTION OF THE TOWN OF HUNTERSVILLE THAT MAY OR MAY NOT RESULT IN THE CREATION OF TRACTS OF LAND THAT ARE COMPLIANT WITH THE STANDARDS OF THE SUBDIVISION ORDINANCE. IT IS NOT SUBJECT TO THE PROVISIONS OF THE HUNTERSVILLE SUBDIVISION ORDINANCE AND DOES NOT REQUIRE THE APPROVAL OF THE HUNTERSVILLE BOARD OF COMMISSIONERS. HOWEVER, ANY FURTHER SUBDIVISION OF THIS PROPERTY MAY BE SUBJECT TO THESE PROVISIONS.

Signed by: Patrick Patterson
TOWN PLANNER — DATE: 10/2/2024

NOTES:

1. THE PURPOSE OF PLAT IS TO SUBDIVIDE A 2 ARE TRACT FROM THE SUBJECT PROPERTY AND ESTABLISH THE ACCESS AND UTILITY EASEMENT AS SHOWN HEREON.
2. THIS SURVEY WAS PERFORMED WITHOUT BENEFIT OF A TITLE COMMITMENT REPORT. GUISEWHITE PROFESSIONAL LAND SURVEYING, PC DOES NOT CLAIM THAT ALL MATTERS OF RECORD WHICH MAY OR MAY NOT AFFECT THE SUBJECT PROPERTY ARE SHOWN HEREON.
3. THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS-OF-WAY OF RECORD.
4. ZONING & SETBACK INFORMATION SHOWN HEREON IS PER INFORMATION AVAILABLE AT THE TIME OF SURVEY AND IS SUBJECT TO VERIFICATION. ALL PROPERTIES SHOWN ON THIS PLAT ARE CURRENTLY ZONED: R (RURAL).
   BUILDING SETBACKS: FRONT: 25' REAR YARD: 25'
   SIDE YARD: 8'
5. IRON PINS AT ALL PROPERTY CORNERS, UNLESS OTHERWISE NOTED.
6. BROKEN LINES INDICATE PROPERTY LINES NOT SURVEYED.
7. PHYSICAL IMPROVEMENTS MAY EXIST ON THIS PROPERTY THAT ARE NOT SHOWN HEREON.
8. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE SHOWN.
9. AREAS COMPUTED BY COORDINATE GEOMETRY.
   TOTAL SURVEYED AREA: 779,991.9 SF / 17.906 AC
10. THIS PLAT IS LOCATED WITHIN THE McDOWELL CREEK WATERSHED.
11. THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED 9/2/2015. [FIRM NUMBER: 3710462100K).
12. THE PURPOSE OF THE FINAL PLAT IS TO INDICATE THE ENFORCEABLE RESTRICTIONS ON PROPERTY USAGE THAT RUN WITH THE LAND TO ENSURE THAT FUTURE DEVELOPMENT AND REDEVELOPMENT MAINTAINS THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS. THE RESTRICTIONS ON THIS RECORDED FINAL PLAT SHALL BE SHOWN ON ANY SURVEY OF ANY OF THE PROPERTIES WITHIN THE PLAT. PROPERTY OWNERS HAVE RECORD NOTICE OF THESE RESTRICTIONS AND SHALL MAINTAIN THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS. IT IS RECOMMENDED THAT REAL ESTATE PROFESSIONALS (SURVEYORS, TITLE COMPANY REPRESENTATIVES, REAL ESTATE AGENTS, CLOSING ATTORNEYS) MAKE PROPERTY OWNERS OR PURCHASERS AWARE OF THESE RESTRICTIONS AT OR PRIOR TO CLOSING.
13. GARAGES WILL MEET THE REQUIREMENTS OF ARTICLE 8.16 IN TOWN OF HUNTERSVILLE ZONING ORDINANCE.
14. DEVELOPMENT OF PROPERTIES IS SUBJECT TO THE TOWN OF HUNTERSVILLE SEDIMENT AND EROSION CONTROL ORDINANCE. CONTACT THE TOWN OF HUNTERSVILLE TO DETERMINE IF DEVELOPMENT THRESHOLDS REQUIRE ADDITIONAL PLAN APPROVAL.
15. LOT UTILITIES ARE TO BE SERVED BY CHARLOTTE WATER.
16. SUBJECT AREA IS LOCATED IN THE MOUNTAIN ISLAND LAKE WATERSHED AREA PA-1 AND IS SUBJECT TO IMPERVIOUS RESTRICTIONS..
17. "THE POST-CONSTRUCTION STORM WATER ORDINANCE MAY APPLY TO FUTURE DEVELOPMENT ON ANY OR ALL OF THESE PARCELS. CONTACT THE TOWN OF HUNTERSVILLE FOR A DETERMINATION."

21 NCAC 56.1607 GPS CERTIFICATION:

I, TIMOTHY S. GUISEWHITE,PLS , CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL GNSS SURVEY MADE UNDER MY SUPERVISION AND THE FOLLOWING INFORMATION WAS USED TO PERFORM THE SURVEY:

(1) CLASS OF SURVEY: A(1:10,000)
(2) POSITIONAL ACCURACY: 0.07 ±50ppm
(3) TYPE OF GPS FIELD PROCEDURE: REAL-TIME KINEMATIC
(4) DATES OF SURVEY: 8/5/2024
(5) DATUM/EPOCH: NAD83(2011) / NAVD88
(6) PUBLISHED/FIXED-CONTROL USE: DL3152
(7) GEOID MODEL: GEOID 18
(8) COMBINED GRID FACTOR(S):0.9998446441
(9) UNITS: US SURVEY FEET

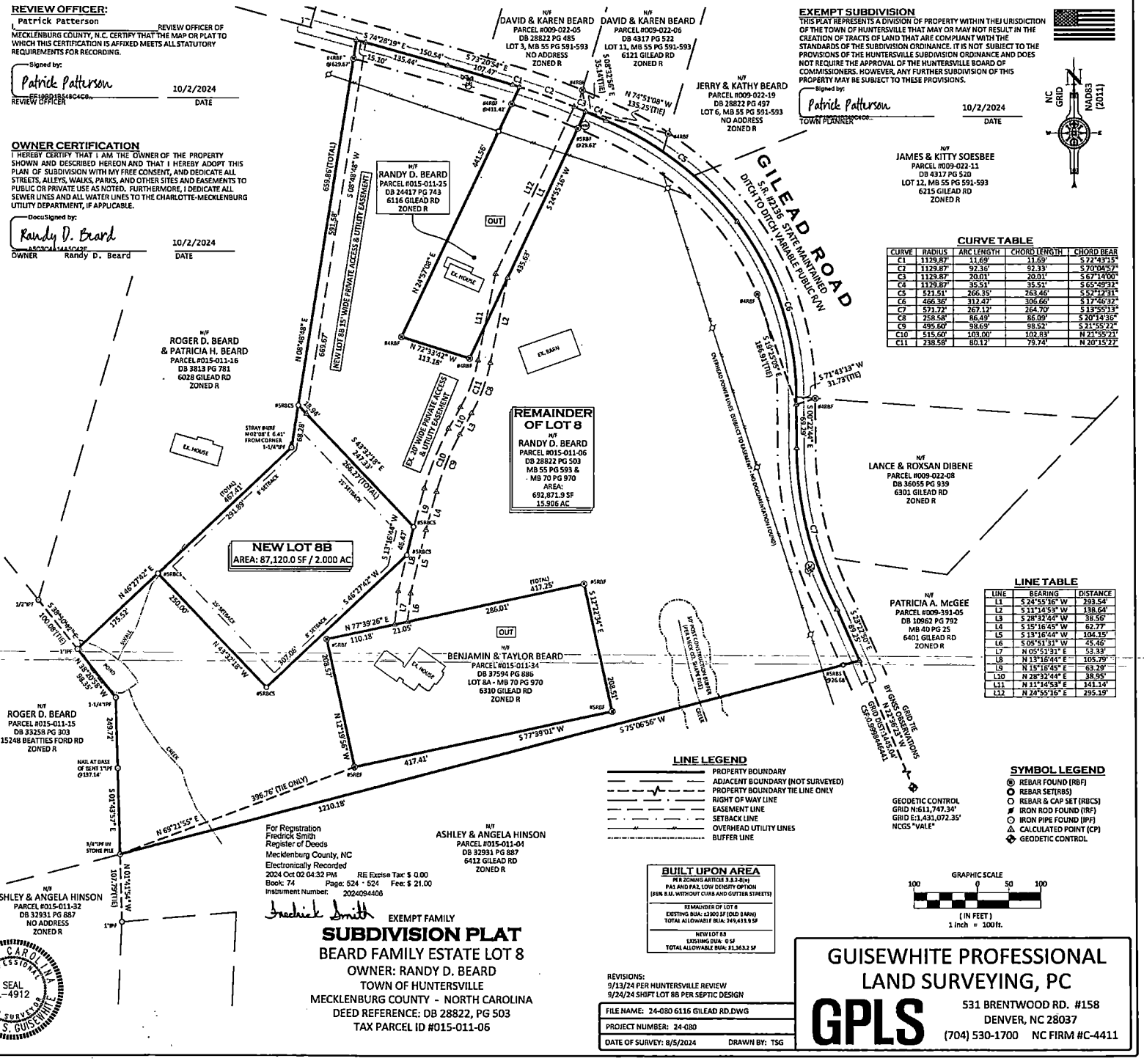
SURVEYORS CERTIFICATE [G.S. 47-30]

I, TIMOTHY S. GUISEWHITE, PLS, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION [DEED DESCRIPTION RECORDED IN BOOK 28822, PAGE 503X ETC.);THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION REFERENCED ON THE FACE OF THIS PLAT; THAT THE POSITIONAL ACCURACY AS CALCULATED IS 0.07' ±50ppm; THAT THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND. THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL
THIS DAY 10/2/2024

DocuSigned by:
TIMOTHY S. GUISEWHITE PROFESSIONAL LAND SURVEYOR
NORTH CAROLINA LICENSE NUMBER: L-4912

NORTH CAROLINA PROFESSIONAL SEAL L-4912 LAND SURVEYOR TIMOTHY S. GUISEWHITE

Submitted electronically by "Guisewhite Professional Land Surveying, PC" In compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Mecklenburg County Register of Deeds.



CURVE TABLE

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEAR
C1	1129.87'	11.69'	11.69'	S 72°43'15"
C2	1129.87'	92.36'	92.33'	S 70°04'57"
C3	1129.87'	20.01'	20.01'	S 67°14'00"
C4	1129.87'	35.51'	35.51'	S 65°09'32"
C5	521.51'	266.35'	263.46'	S 52°12'31"
C6	466.36'	312.47'	306.66'	S 17°46'32"
C7	571.72'	267.12'	264.70'	S 13°25'13"
C8	258.58'	86.49'	86.09'	S 20°14'36"
C9	495.60'	98.69'	98.52'	S 21°55'22"
C10	515.60'	103.00'	102.83'	N 21°55'21"
C11	238.58'	80.12'	79.74'	N 20°15'27"

LINE TABLE

LINE	BEARING	DISTANCE
L1	S 24°55'16" W	293.54'
L2	S 11°14'53" W	138.64'
L3	S 28°32'44" W	36.56'
L4	S 15°16'45" W	62.77'
L5	S 13°16'44" W	104.15'
L6	S 05°51'31" W	45.46'
L7	N 05°51'31" E	53.33'
L8	N 13°16'44" E	105.79'
L9	N 15°16'45" E	63.29'
L10	N 28°32'44" E	38.95'
L11	N 11°14'53" E	141.14'
L12	N 24°55'16" E	295.19'

LINE LEGEND

- PROPERTY BOUNDARY
- ADJACENT BOUNDARY (NOT SURVEYED)
- PROPERTY BOUNDARY TIE LINE ONLY
- RIGHT OF WAY LINE
- EASEMENT LINE
- SETBACK LINE
- OVERHEAD UTILITY LINES
- BUFFER LINE

SYMBOL LEGEND

- REBAR FOUND (RBF)
- REBAR SET(RBS)
- REBAR & CAP SET (RBCS)
- IRON ROD FOUND (IRF)
- IRON PIPE FOUND (IPF)
- CALCULATED POINT (CP)
- GEODETIC CONTROL

BUILT UPON AREA

PER ZONING ARTICLE 3.8.2-B(iv)
PA1 AND PA2, LOW DENSITY OPTION
(30% B.U. WITHOUT CURB AND GUTTER STREETS)

REMAINDER OF LOT 8
EXISTING BUA: ±3980 SF (OLD BARN)
TOTAL ALLOWABLE BUA: 249,433.9 SF

NEW LOT 8B
EXISTING BUA: 0 SF
TOTAL ALLOWABLE BUA: 31,363.2 SF

GRAPHIC SCALE
100 0 50 100
(IN FEET)
1 inch = 100 ft.

For Registration
Fredrick Smith
Register of Deeds
Mecklenburg County, NC
Electronically Recorded
2024 Oct 02 04:32 PM RE Excise Tax: $ 0.00
Book: 74 Page: 524 - 524 Fee: $ 21.00
Instrument Number: 2024094406

EXEMPT FAMILY

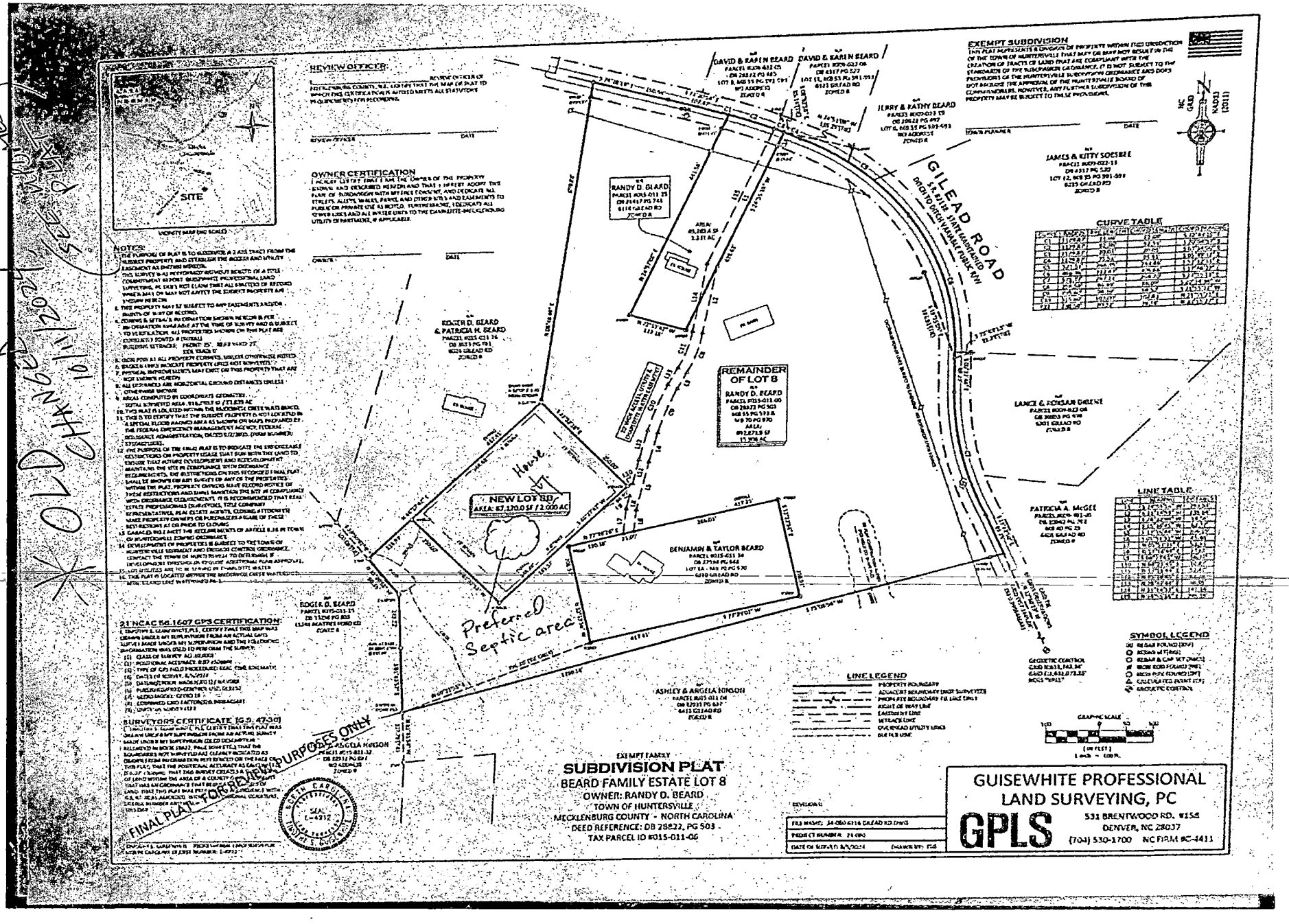
SUBDIVISION PLAT

BEARD FAMILY ESTATE LOT 8
OWNER: RANDY D. BEARD
TOWN OF HUNTERSVILLE
MECKLENBURG COUNTY - NORTH CAROLINA
DEED REFERENCE: DB 28822, PG 503
TAX PARCEL ID #015-011-06

REVISIONS:
9/13/24 PER HUNTERSVILLE REVIEW
9/24/24 SHIFT LOT 8B PER SEPTIC DESIGN

FILE NAME: 24-080 6116 GILEAD RD.DWG
PROJECT NUMBER: 24-080
DATE OF SURVEY: 8/5/2024 DRAWN BY: TSG

GUISEWHITE PROFESSIONAL LAND SURVEYING, PC
GPLS
531 BRENTWOOD RD. #158
DENVER, NC 28037
(704) 530-1700 NC FIRM #C-4411


OLD CHANGES 10/11/2024
REVIEW OFFICER:
OWNER CERTIFICATION
NOTES:
EXEMPT SUBDIVISION
CURVE TABLE
LINE TABLE
GILEAD ROAD
DAVID & KARIN BEARD
DAVID & KARIN BEARD
JERRY & KATHY BEARD
JAMES & KITTY SOESBEE
RANDY D. BEARD
ROGER D. BEARD & PATRICIA H. BEARD
REMAINDER OF LOT 8
RANDY D. BEARD
NEW LOT 8D
AREA: 67,170.0 SF / 2.000 AC
House
Preferred Septic area
BENJAMIN & TAYLOR BEARD
LANCE & ROKSAN DHEINE
PATRICIA A. McGEE
ASHLEY & ARGELA IONSON
EDGE & D. BEARD
LINE LEGEND
SYMBOL LEGEND
GRAPHIC SCALE
21 NCAC 56.1607 GPS CERTIFICATION:
SURVEYORS CERTIFICATE [G.S. 47-30]
FINAL PLAT - FOR RECORDING PURPOSES ONLY
EXEMPT FAMILY
SUBDIVISION PLAT
BEARD FAMILY ESTATE LOT 8
OWNER: RANDY D. BEARD
TOWN OF HUNTERSVILLE
MECKLENBURG COUNTY - NORTH CAROLINA
DEED REFERENCE: DB 28822, PG 503 -
TAX PARCEL ID #015-011-06
GUISEWHITE PROFESSIONAL LAND SURVEYING, PC
GPLS
531 BRENTWOOD RD. #155
DENVER, NC 28037
(704) 530-1700 NC FIRM #C-4411

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

Property ID: Out of: 01501106
Lot #: 8B
File #: 12021B
AppID: 14869

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Randy Beard
Applicant: Weston Beard
Address: Behind 6116 Gilead Rd.
Date Evaluated: 9/04 Auger Borings & 9/10 Pits, 2024
Proposed Facility: 4 BR SFR
Design Flow (.0400): 480 GPD
Property Size: Proposed 2.0 ac.
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [X] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction Max Trench Depth (Low Side of trench)
1	L ~14%	0 - 6	Wk, Sbk, SCL	Fr, SS, SP	YB	F-C: Chroma 2 deplet. @ 17-24" M: Red concen. & gray deplet. in clay pockets of saprolite @ 18"+	14"	US C: Pockets of EXP Clay @ 14"+	~28"	M: Sap. inclus. @ 6-14" From 24-30" Sap. & WR mix was restrictive to augering	US	—
		6 - 14	Wk, Sbk, CL	Fr, SS, SP	YB							
		14 - 24	M, SL & L- Sap.	Fr, SS, SP/NP	M							
		24 - 30	SL-Sap. & Weathered	Rock Mix Fi-Vfi, SS, NP	M							
		30	Boring terminated									
2	L ~12%	0 - 3	Wk, Gr, SL	VFr, NS, NP	B	N/A	12"	US	15"	F-M: Weathered Rock inclus. @ 0-12"	US	—
		3 - 12	Wk, Gr, SL	VFr, NS, NP	YB							
		12 - 15	SL-Sap. & Weathered	Rock Mix Fi-Vfi, NS, NP	M							
		15	Auger refusal									
3	L ~10%	0 - 2	Wk, Gr, SL	VFr, NS, NP	B	F-C: Chroma 2 deplet. @ 14"+	13"	US C: Pockets of Gray EXP Clay @ 26"+	N/A	C-M: Weathered Rock inclus. @ 2-20"	US	—
		2 - 13	Wk, Gr, SL	VFr, NS, NP	YB							
		13 - 32	M, SCL-Sap.	Fi-Fr, SS, SP	YB							
		32	Boring terminated									
4	N ~7%	0 - 3	Wk, Gr, L	Fr, SS, NP	B	C: Chroma 2 deplet. @ 14"+	~20"	US C: Pockets of Gray EXP Clay @ 18"+	N/A	F-C: Sap. inclus. @ 3-16"	US	—
		3 - 16	Wk, Abk, CL	Fr, SS, SP	RB							
		16 - 36	Wk, Abk, C & Sap.	Mix Fi-Fr, SS, SP	R / M							
		36	Boring terminated									
5	L ~13%	0 - 2	Wk, Gr, SL	VFr, NS, NP	B	F-C: Chroma 2 deplet. @ 18-30"	14"	<30" US >30" Need Pit Eval.	N/A	Potential for deep sand lined trench system. Need deep pit eval. to determine	US	—
		2 - 14	Wk, Gr, SL	VFr, NS, NP	YB							
		14 - 30	M, SCL-Sap.	Fi-Fr, SS, SP	YR							
		30 - 37	M, SL-Sap.	Fr, NS, NP	M							
		37	Boring terminated	(Need pits eval.)								

Description	Initial System	Repair System
Available Space (.0508)	S	S
System Type(s)	I+I b	I I b
Site LTAR	0.25	0.25
Maximum Trench Depth	30"	30" (20" if P3 area used)

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

COMMENTS: Suitable soils area is marked in green on the attached soils map. Soil pit #P3 is suitable, but has a shallower maximum trench depth. This area can be utilized if necessary, but it is recommended to end the trenches prior to this pit area.

Auger Borings, page 2

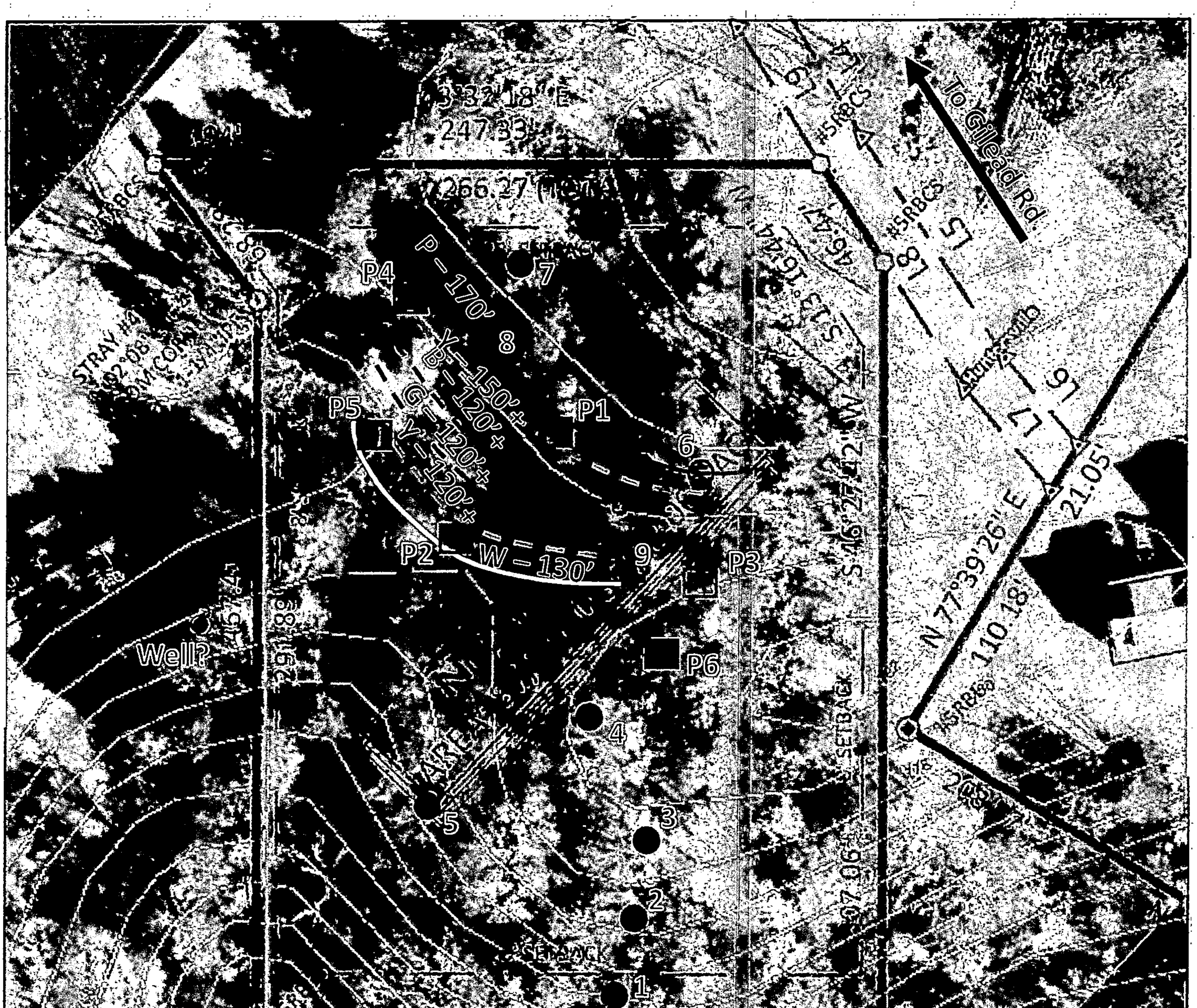
Property ID: *Out of:* 01501106

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	.0503 Consistence Mineralogy	PROFILE FACTORS Matrix Soil Color	.0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	General Comments/ Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction Max Trench Depth *(Low Side of Trench)*
6	L ~4%	0 - 15	Disturbed soil, CL	Fr, SS, SP	R	F-C: Chroma 2 mottles @ 42"+	26"	S L-Sap.	N/A	C-M: Sap. inclus. @ 16-26" C: CL soil inclus. @ 26-36"	S 0.25	3' w: 29" 2' w: 30"
		15 - 26	Mo-Wk, Abk, CL	Fr, SS, SP, SEXP	R							
		26 - 48	M, L-Sap.	Fr, SS, SP	M							
8	L ~4%	0 - 4	Mo, Gr, L	Fr, SS, SP	B	N/A	30"	S L-Sap.	N/A	C-M: Sap. inclus. @ 18-30"	0.30	3' w: 35" 2' w: 36"
		4 - 18	Mo, Sbk, C	Fr, SS, SP, SEXP	R							
		18 - 30	Wk, Sbk, CL	Fr, SS, SP	R							
		30 - 36	Wk, Sbk, CL & L-	Sap. Mix Fr, SS, SP	R / M							
		36 - 48	M, L-Sap.	Fr, SS, SP	M							
9	L ~4%	0 - 4	Mo, Gr, SL	Fr, SS, NP	B	N/A	33"	S L-Sap.	N/A	C-M: Sap. inclus. @ 26-33" F: CL soil pockets @ 33-40"	0.25	3' w: 35" 2' w: 36"
		4 - 10	Wk, Sbk, SCL	Fr, SS, SP	YR							
		10 - 26	Wk, Abk, C	Fr, SS, SP SEXP	R							
		26 - 33	Wk, Sbk, CL	Fr, SS, SP	R							
		33 - 48	M, L-Sap.	Fr, SS, SP	M							
7	L / Slight HS ~4%	0 - 3	Wk, Gr, L	Fr, SS, SP	B	F-C: Bl Mn concen. @ 8-15" F-C: Chroma 2 deplet. & M: Bl Mn @ 18"+	26"	US	~21"	M: Sap. Inclus. @ 31"+	US	6" Drip?
		3 - 21	Wk, Sbk/Abk, C	Fi-Fr, S, P	RB							
		21 - 31	Wk, Abk, C	Fi, S, P, SEXP	YB							
		31 - 42	Wk to near M, C	VFi, VS, VP, EXP	YB							
		42	Boring terminated									

Soil Pits Evaluation

Date of Evaluation: 9/10/2024 **Property ID:** *Out of:* 01501106

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments/ Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction Trench Depth *(Low Side of Trench)*
P1	L ~4%	0 - 3	Mo, Gr, L	Fr, SS, NP	B	C: Chroma 2 deplet. @ 42"+	33"	S L-Sap.	N/A	F: Sap. Inclus. @ 21-33"	S 0.25	3' w: 29" 2' w: 30"
		3 - 21	Mo, Abk, C	Fr, SS, SP, SEXP	R							
		21 - 33	Wk, Sbk, CL	Fr, SS, SP	R							
		33 - 41	Wk, Sbk, CL & L-	Sap.Mix Fr, SS, SP	R / M							
		41 - 64	M, L-Sap.	Fr, SS, SP	M							
P2	L ~4%	0 - 6	Mo, Gr, L	Fr, SS, NP	B	N/A	45"	S L-Sap.	N/A	C-M: Sap. inclus. @ 34-45" F: CL soil inclus. @ 45-54"	S 0.30	3' w: 35" 2' w: 36"
		6 - 34	Mo, Sbk, C	Fr, SS, SP, SEXP	R							
		34 - 45	Wk, Sbk, CL	Fr, SS, SP	R							
		45 - 62	M, L-Sap.	Fr, SS, SP	M							
P3	L ~4%	0 - 3	Mo, Gr, L	Fr, SS, NP	B	C: Chroma 2 deplet. @ 32"+	>49"	N/A	N/A	C-M: Sap. inclus. @ 32"+ Transitional soil pit - Recommend stopping trenchs prior to pit, unless shallow.	S 0.225 - 0.25	3' w: 19" 2' w: 20"
		3 - 32	Mo-Wk, Abk, C	Fr, SS, SP, SEXP	YR							
		32 - 49	Wk, Abk, C	Fr, SS, SP	YB							
P4	L ~4%	0 - 8	Mo, Gr, SL	VFr, NS, NP	B	F-C: YB & Bl mottles @ 30-48"	>48"	N/A	N/A	F: Sap. inclus. @ 36"+	S 0.25	3' w: 35" 2' w: 36"
		8 - 30	Wk, Sbk, C	Fr, SS, SP, SEXP	R							
		30 - 48	Wk, Sbk, CL	Fr, SS, SP	YR							
P5	L ~4%	0 - 5	Mo, Gr, SL	VFr, NS, NP	B	N/A	>53"	N/A	N/A	---	S 0.30	3' w: 35" 2' w: 36"
		5 - 31	Mo, Sbk, C	Fr, SS, SP, SEXP	R							
		31 - 53	Wk, Sbk, CL	Fr, SS, SP	R							
P6	S ~6%	0 - 3	Mo, Gr, SL	Fr, NS, NP	B	F: YB mottles @ 6-18" C: Chroma 2 deplet. @ 18-36"	>50% Sap. @ 24"	US	N/A	F-C: Sap. Inclus. @ 10-24" C: EXP Clay pockets in root channels & Sap. Seams	US (Drip?)	6" Drip?
		3 - 18	Wk, Abk, C	Fr, SS, SP, SEXP	YB							
		18 - 32	Wk, Sbk, CL & L-	Sap.Mix Fi, S, P	YB /M							
		32 - 55	M, L-Sap.	Fi, SS, SP	M							

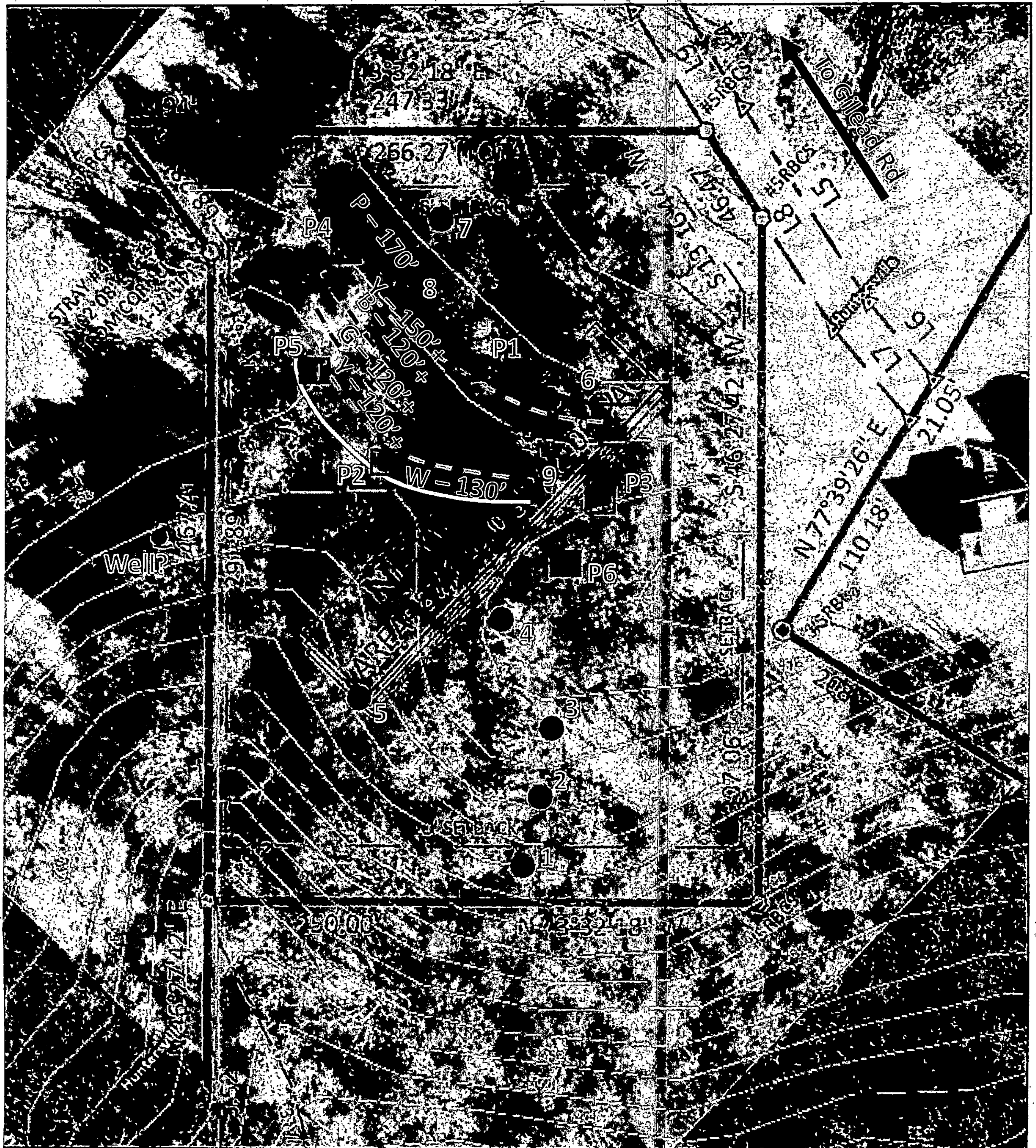


Map Created by: P. Mitchell
Date: 9/10/2024

PROPERTY INFO
Address: Near 6116 Gilead Rd.
PID No.: To be cut from: 01501106

1 inch = 60 feet

Mecklenburg County
Groundwater & Wastewater Services



Map Created by: P. Mitchell
Date: 9/10/2024

PROPERTY INFO
Address: Near 6116 Gilead Rd.
PID No.: To be cut from: 01501106

1 inch = 60 feet

Mecklenburg County

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30014869** GWS File #: **12021B** Tax Parcel #: **015-011-06**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 11/5/2029

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

Structure Type: HOUSE Size (ft^2): 2650 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 2 Trench Spacing (ft): 6 Absorption Area (ft^2): 960 Total Trench Length (ft): 320

Maximum Trench Depth (in): 30 Depth of Media (in): 22 Distribution Device: Pressure Manifold

III. Repair System Type: PPBPS-H (pressurized) **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 960 Total Trench Length (ft): 320

Maximum Trench Depth (in): 14 Depth of Media (in): 20 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 11/5/2024

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30014869** GWS File #: **12021B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- Pump tank is only required if gravity system is not possible

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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Authorized Agent: Heather Ray

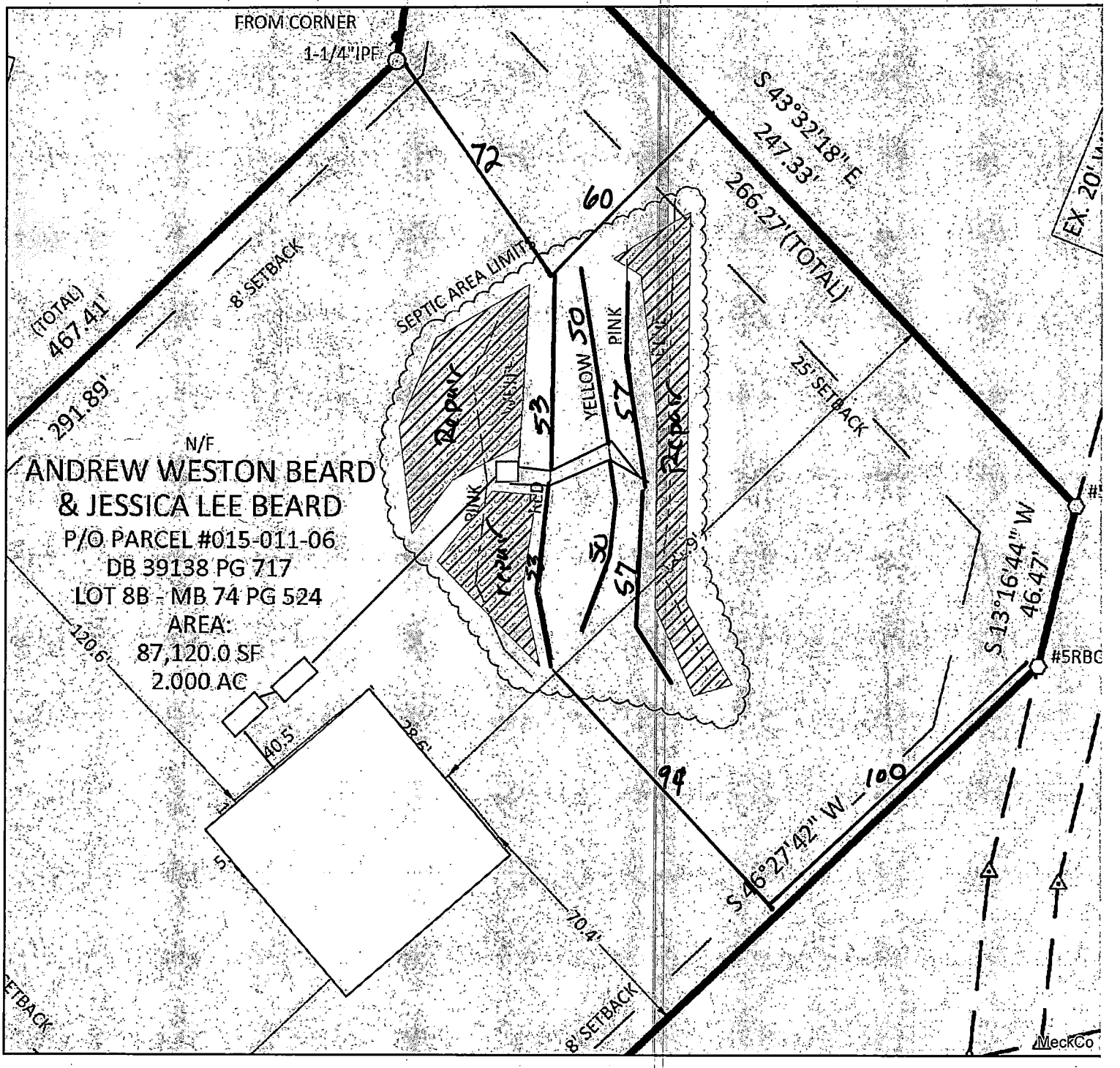
Signature: _____

Date Issued: 11/5/2024

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:30014869
PID #:01501106
File #:1201b

Authorized Agent: _____ Date: 9-6-24

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30014869 GWS File #: 12021B Tax Parcel #: 015-011-06

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

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Building Foundation: Concrete Slab Water Supply: Municipal

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

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Maximum Trench Depth (in): 30 Depth of Media (in): 22 Distribution Device: Pressure Manifold

III. Repair System Type: PPBPS-H (pressurized) **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 960 Total Trench Length (ft): 320

Maximum Trench Depth (in): 14 Depth of Media (in): 20 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray Owner/Legal Agent: Weston Beard
Print Name

Signature: Signature:

Date Issued: 11/5/2024

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30014869 GWS File #: 12021B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.

• Pump tank is only required if gravity system is not possible

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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Authorized Agent: Heather Ray

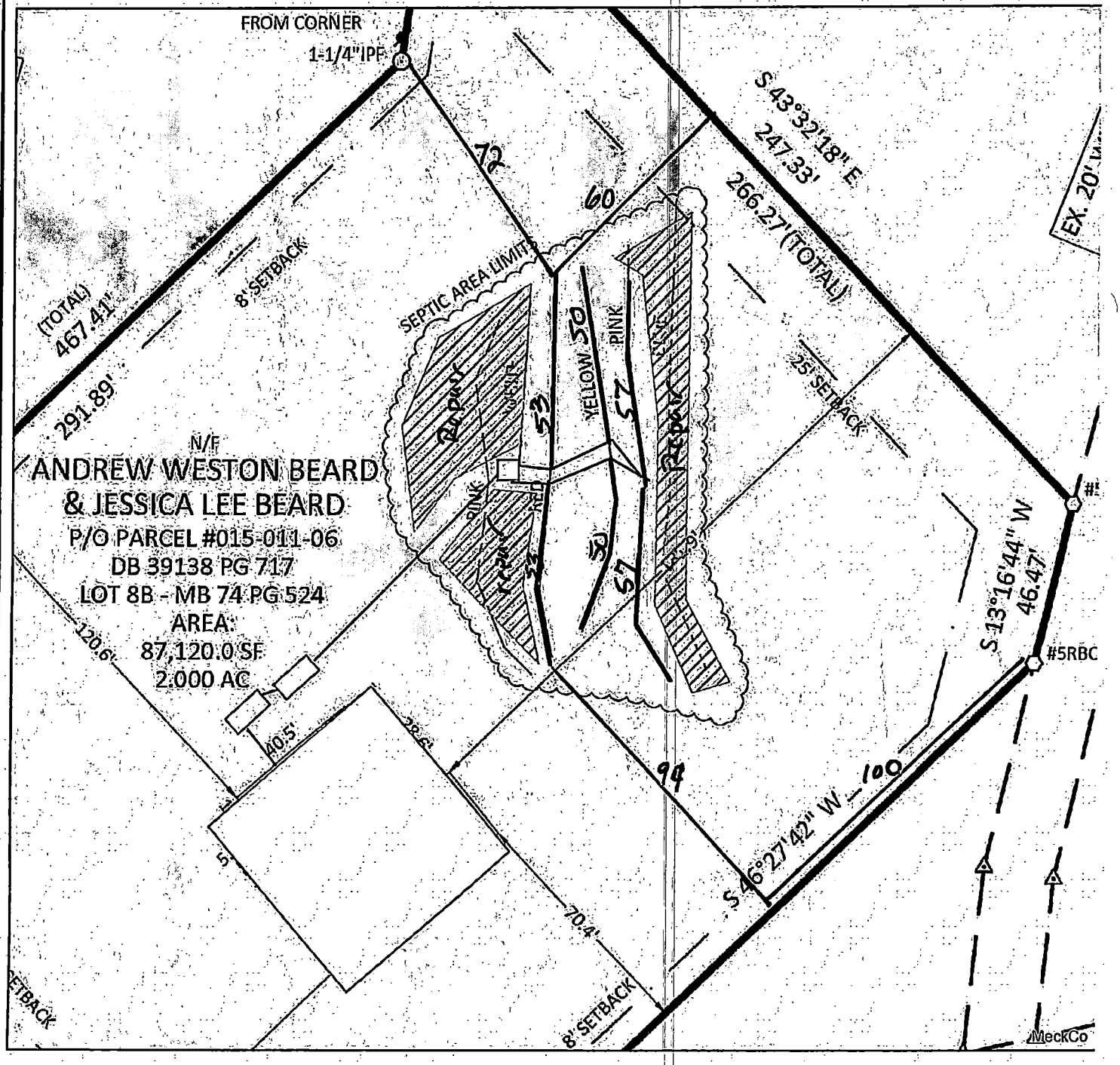
Signature: _____

Date Issued: 11/5/2024

Owner/Legal Agent: Weston Beard
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:30014869
PID #:01501106
File #:1201b

Authorized Agent: _____ Date: 9-6-24

Owner/ Legal Agent: Weston Beard Date: 11-8-24

1 inch = 40 fee

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 20218 App# 14869 Tax Parcel# 01501135

Property Owner: Jessica & Andrew Breed

Job Location Address: 6100 Gilead Rd

City: _____ State: NC Zip Code: _____

1. Does System design match facility, flow & wastewater characteristics?

☐YES ☐ NO

Comments: NA

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.**

Authorized Agent — Date: 5-10-25

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 #: 12021B Permit #: 14869 Tax Parcel #: 01501135

Property Owner: Jessica and Andrew Bread

Job Location Address: 6100 Gilead rd OG: 01501106

City: Huntersville State: NC Zip Code: 28031

Operation Permit Issuance Date: 5/21/25 Contractor Name: Dennis Willis

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture _____ Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 320 feet

# of Lines: 6 @ vary feet

Depth of Media: 22 inches (Type) VPPBPS

Depth of Cover: 6 inches

Distribution Device: driop boxes

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 5/21/25

Excavation Inspected: 5/21/25

Pump & Controls Inspected: na

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See Attached Site plan

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

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

Comments: System Classification & Type: IIIE/ppbps V/G/NA/NA

DENR Authorized Agent: Heather Ray Signature: Heather Ray

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 12021B Permit #: 14869 Tax Parcel #: 01501135

Property Owner: Jessica and Andrew Bread

Job Location Address: 6100 Gilead rd

City: Huntersville State: NC Zip Code: 28031

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIE

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

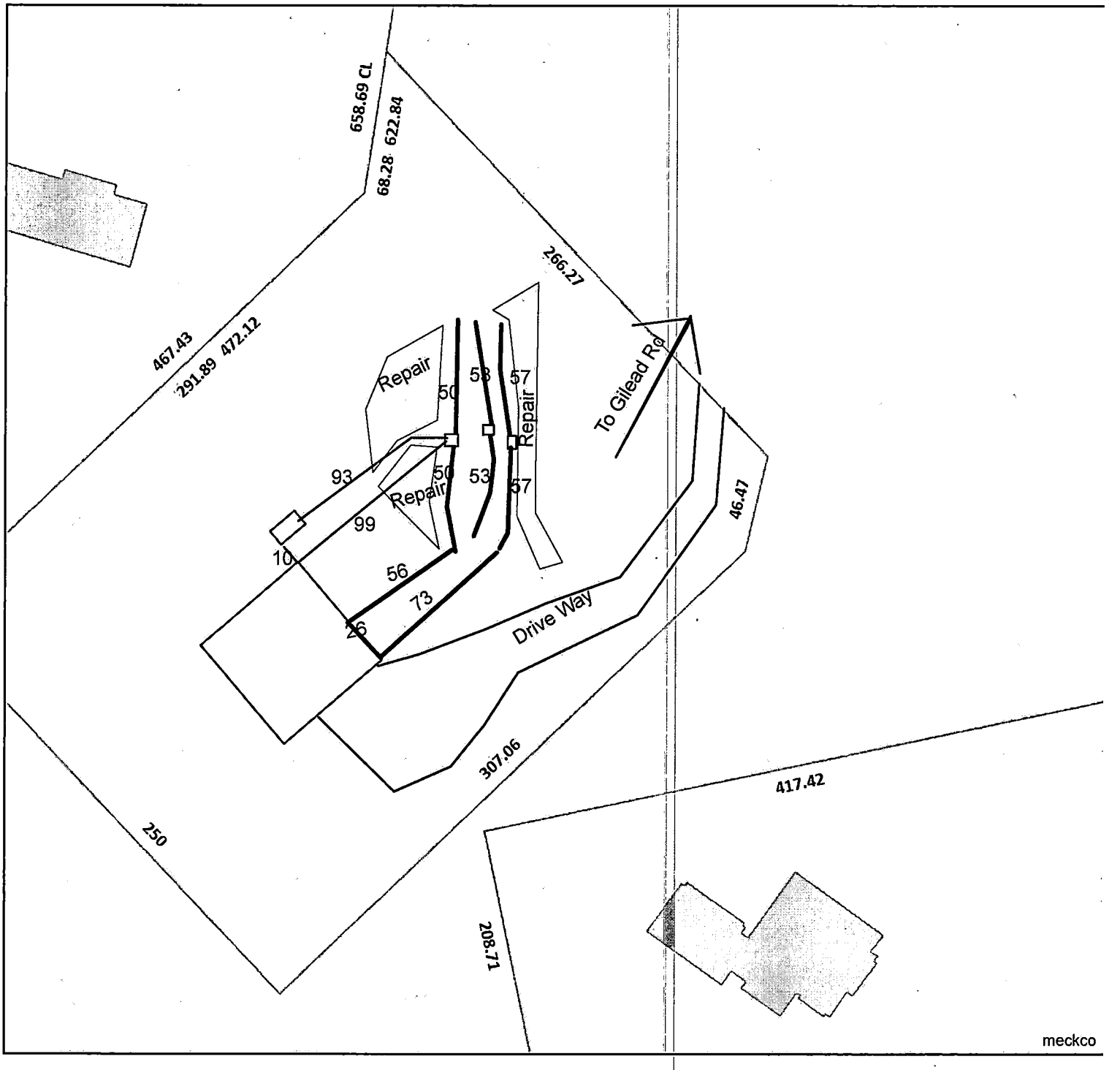
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Heather Ray Date: 5/21/25

Signature: Heather Ray

Operations Permit Site Plan



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

6100 Gilead Rd
File #:12021B

1 inch = 68 fee