SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 11441B | 15439

Assigned Inspector: Patrick / Heather

☒ IP $250.00: MD 4/15/25 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☒ CA & OP $400.00: MD 4/15/25 Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☑ Send IP permit for signature: ? ☑ Signature received: 5/6/25

☒ 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: 11/21/25

☐ Release final hold in Winchester: _____

Comments:

11441B | 5439

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 00903248
STREET ADDRESS: 7615 Gilead Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 1.299
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: 2954
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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

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

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ● NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	○ YES ● NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, ○ YES ● NO
PLEASE LIST TICKET REFERENCE NUMBER: _____ VISIT BY DATE: _____

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 2-24-25 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: THOMAS C ROBERTS
ADDRESS: 7611 Gilead Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: NA
MOBILE PHONE: 704-458-0864
FAX:
E-MAIL: tcr8304@bellsouth.net

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

**Owner's Authorization form is required if legal representative is submitting application*

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

File #: 11441B

PROPOSED PLOT PLAN

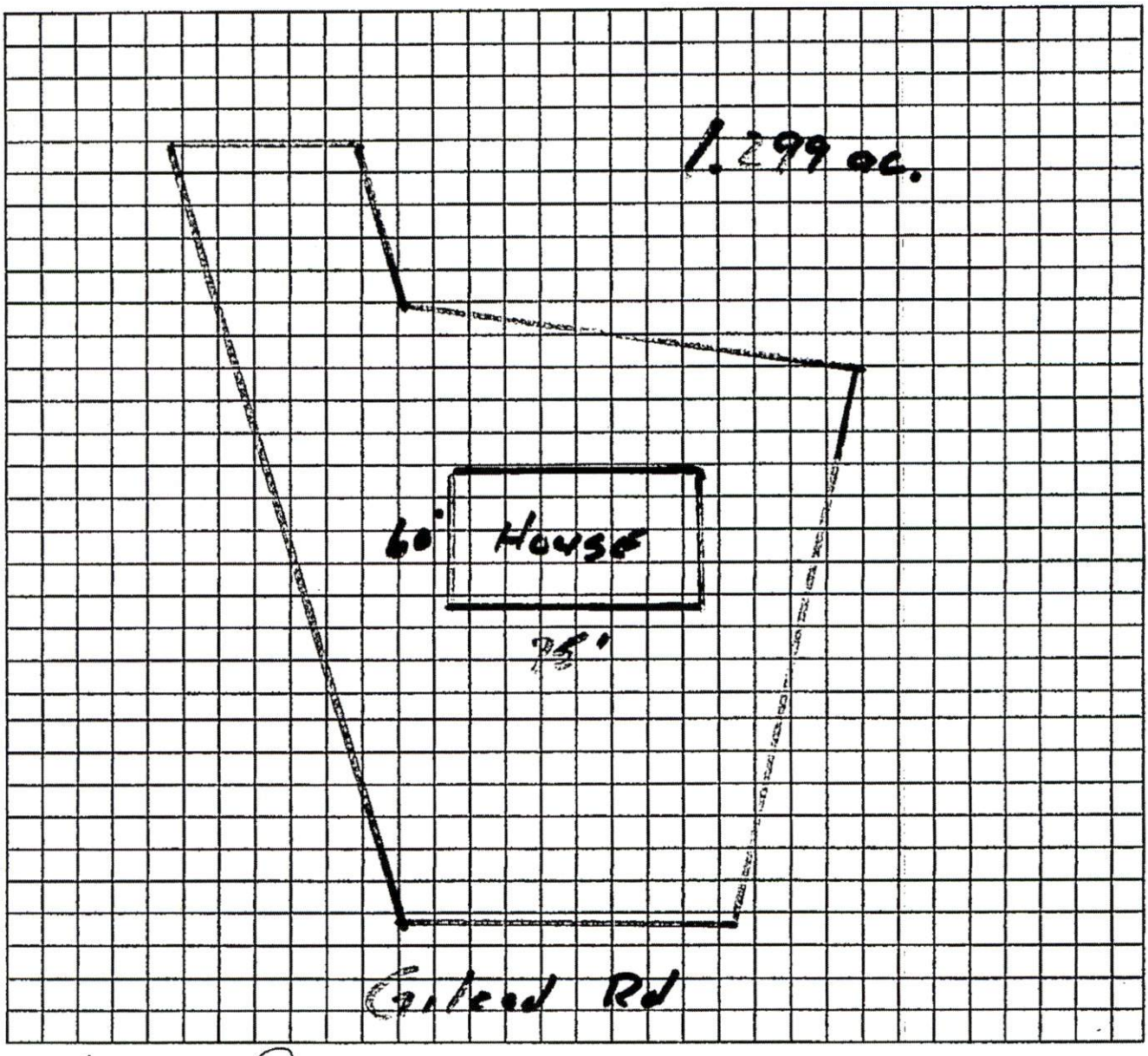
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 7615 Gilead Rd

Tax Parcel #: 00903248

Subdivision Name: N/A

Lot #: N/A



Thomas C Ralston

Property Owner's or Owner's Legal Representative Signature

4-15-25

Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

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. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

TCR (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.

Thomas C Robert
Property Owner's or Owner's Legal Representative Signature

4-15-25
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 450 DATE FEE RECEIVED: 4/15/25

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

APPLICATION PROCESSED BY: MO

GWS FILE NUMBER ASSIGNED: 144113

APPLICATION ID NUMBER ASSIGNED: 15439

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/15/25	**Amount:**	250.00
Receipt #:	154738	**Tendered:**	250.00
Check / Auth #:	VISA 015747	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: JANICE & THOMAS ROBERTS
Attn:
Address: 7611 GILEAD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 7615 GILEAD RD	1	250.00	250.00

Permit#

154738, 154740, and 154741

SALE
MECKLENBURG ENVIROMENTAL HEALTH
3200 Freedom Dr
Suite 800
Charlotte, NC 28208
(980) 314-1651

04/15/25	18:23:44
Merchant ID	153629
Terminal	451-778-452
Sequence #	000001
Auth Number	015747

AMOUNT: **$ 650.00**

CARD ENTRY MODE MANUAL
Visa ************4147

x3 Phone Pymts
SIGNATURE

I agree to pay above total amount in accordance with card issuer's agreement (merchant agreement if credit voucher) Retain this copy for statement verification

Thank you!

MERCHANT COPY

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

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

Property ID: 00903248
Lot #:
File #: 11441B
AppID: 15439

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Thomas Roberts
Applicant: Same
Address: 7615 Gilead Rd.
Date Evaluated: 4/25/2025
Proposed Facility: 3 BR SFR
Design Flow (.0400): 360 GPD
Property Size: 1.299 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 [ ] 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 (Low Side of trench)
1	L / S ~8%	0 - 5	Mo, Sbk, CL	Fr, SS, SP	RB	N/A	≥48"	N/A	N/A	C: Quartz rock floaters @ 0-8" F-C: Sap. inclus. @ 23-30" M: Sap. inclus. 30-36"	S 0.30	- 3 "
		5 - 25	Mo, Sbk, C	Fr, SS, SP, SE	R							
		25 - 36	Mo, Sbk, CL	Fr, SS, SP	R							
		36 - 48	Wk, Sbk, CL & Sap.	mix Fr, SS, SP	R							
2	L ~5%	0 - 5	Mo, Sbk, CL	Fr, SS, SP	RB	F: B Mn concen. @ 16-35"	>48"	N/A	N/A	C: Quartz rock floaters @ 0-8" C:Sap. inclus. @ 36"+	S 0.30	- 2"
		5 - 35	Mo, Sbk, C	Fr, SS, SP, SE	R							
		35 - 48	Mo-Wk, Sbk, CL	Fr, SS, SP	R							
3	L ~4%	0 - 14	Mo, Sbk, CL	Fr, SS, SP	RB	F-C: B Mn concen. @ 16-30" M: B concen. 30"+ F-C: YB deplet. @ 35"+	>48"	N/A	N/A	F: Sap. inclus. @ 40"	S 0.25	- 1"
		14 - 33	Mo, Sbk, C	Fr, SS, SP, SE	R							
		33 - 48	Wk, Sbk, CL	Fr, SS, SP	R							

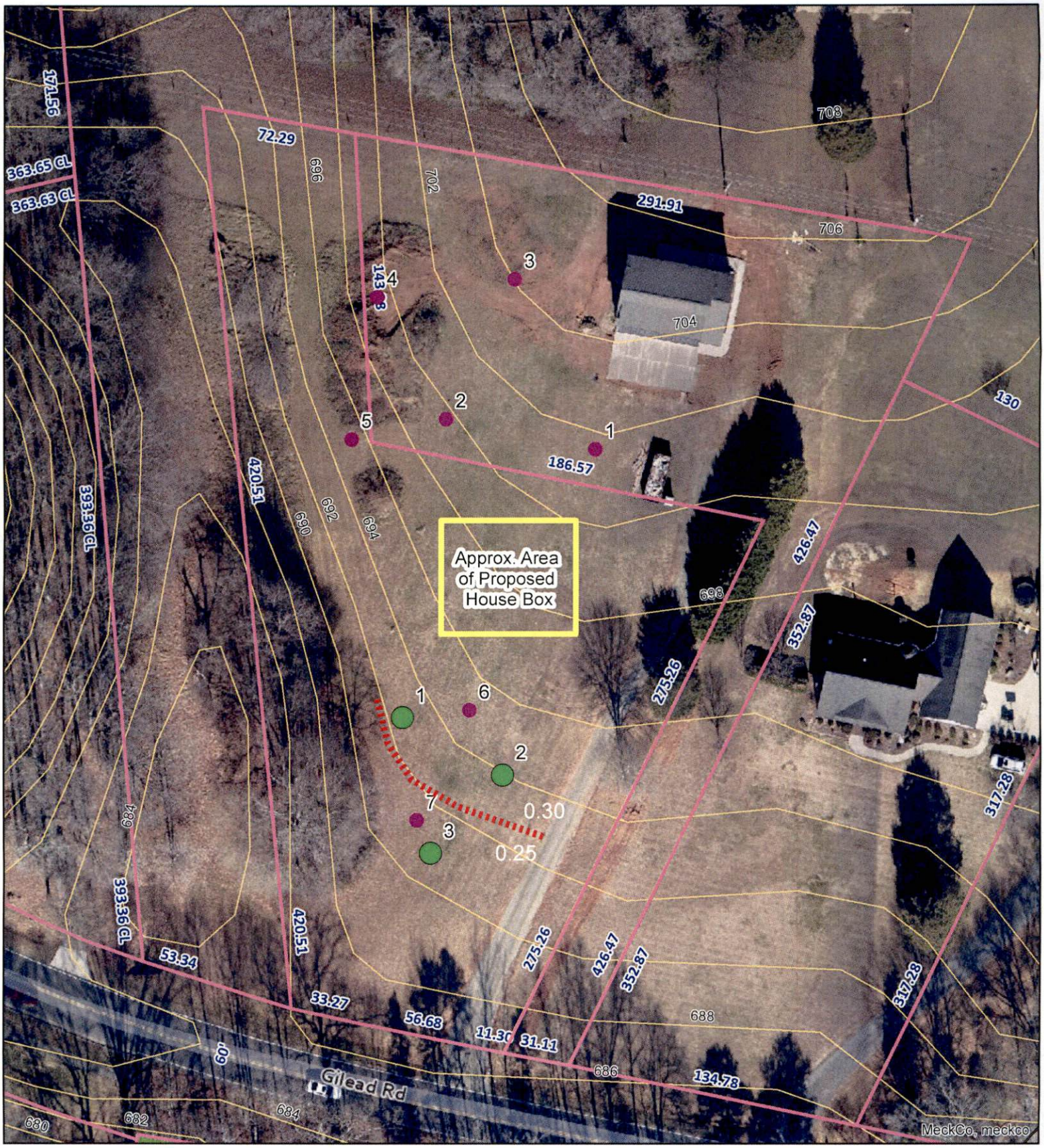
Description	Initial System	Repair System
Available Space (.0508)		
System Type(s)		
Site LTAR	0.30	0.25
Maximum Trench Depth (low side of trench)	33"	34"

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

COMMENTS: Recommend keeping initial system above the red line shown on the attached soils map to utilize a 0.30 LTAR. If initial system extends below the red line, use a 0.25 LTAR.

Soil borings #1 - #7 (smaller purple map symbols) shown on soils map are previous soil borings by J. Presley; all listed 0.30 LTAR.

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 4/25/2025

PROPERTY INFO
Address: 7615 Gilead Rd.
PID No.: 00903248

1 inch = 60 feet

Mecklenburg County
Groundwater & Wastewater Services



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30015439
PID #: 609-032-46
File #: 1144 1B

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 #: **30015439** GWS File #: **11441B** Tax Parcel #: **009-032-46**

- 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):** 5/1/2030

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

Structure Type: HOUSE Size (ft^2): 2956 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	33	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	720	Total Trench Length (ft):	240
Maximum Trench Depth (in):	34	Depth of Media (in):	22	Distribution Device:	Drop Boxes		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

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

Signature: _____ Signature: _____

Date Issued: 5/1/2025

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 #: **30015439** GWS File #: **11441B**

IV. Permit Conditions/Comments:

- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.

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

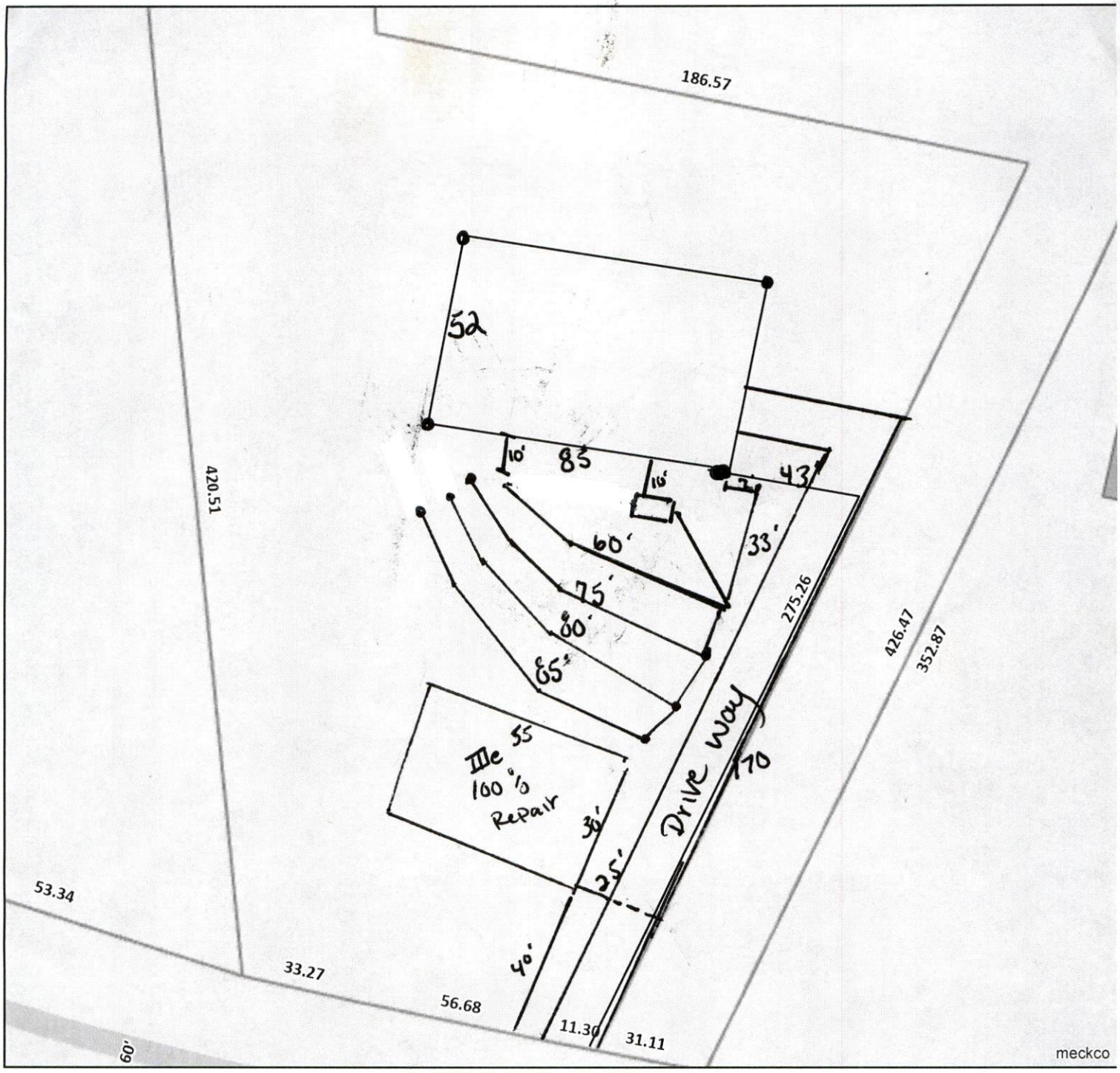
Signature: _____

Date Issued: 5/1/2025

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30015439
PID #: 009-03246
File #: 11441B

Authorized Agent: _____ Date: _____

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 #: 30015439 GWS File #: 11441B Tax Parcel #: 009-032-46

- 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):** 5/1/2030

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

Structure Type: HOUSE Size (ft^2): 2956 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	33	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	720	Total Trench Length (ft):	240
Maximum Trench Depth (in):	34	Depth of Media (in):	22	Distribution Device:	Drop Boxes		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

Authorized Agent: Heather Ray Owner/Legal Agent: Skip Canipe
Print Name

Signature: Signature:

Date Issued: 5/1/2025

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 #: 30015439 GWS File #: 11441B

IV. Permit Conditions/Comments:

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
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Authorized Agent: Heather Ray

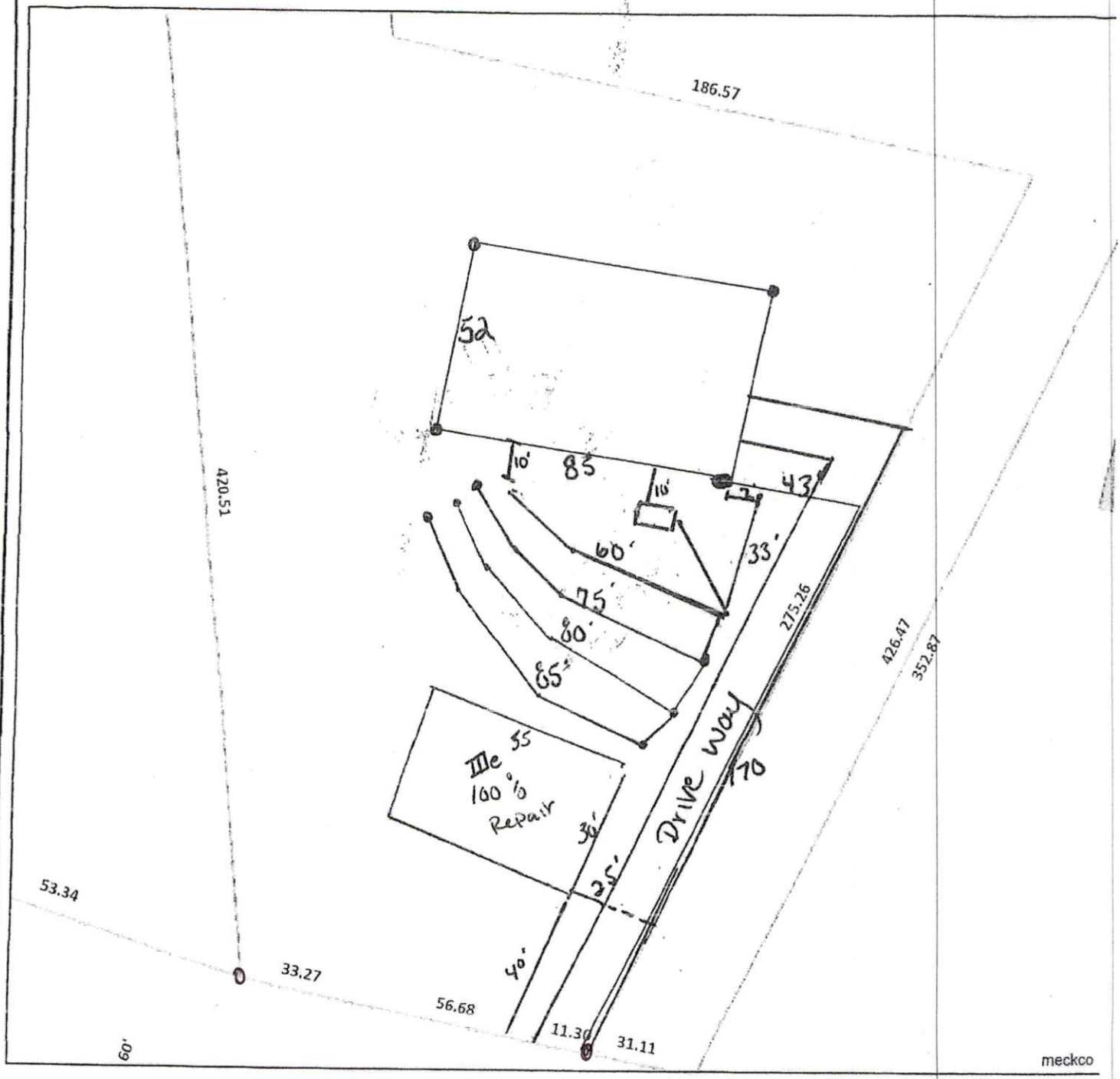
Signature:

Date Issued: 5/1/2025

Owner/Legal Agent: Skip Canipe
Print Name

Signature:

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30015439
PID #: 009-03246
File #: 11441B

Authorized Agent: _____ Date: _____

Owner/ Legal Agent: _____ Date: 5-5-25

1 inch = 40 fee

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/15/25	**Amount:**	200.00
Receipt #:	154740	**Tendered:**	200.00
Check / Auth #:	VISA 015747	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: JANICE & THOMAS ROBERTS
Attn:
Address: 7611 GILEAD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 7615 GILEAD RD	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/15/25
Receipt #: 154741
Check / Auth #: VISA 015747
Received By: ORTIZMP

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: JANICE & THOMAS ROBERTS
Attn:
Address: 7611 GILEAD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 7615 GILEAD RD	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

FEE: 200.00

DATE: 11/24/2025

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 11441B

PERMIT NUMBER: 30015439

PARCEL NUMBER: 00903246

JOB LOCATION INFORMATION

ADDRESS: 7615 GILEAD RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: THOMAS ROBERTS

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 4/15/2025

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30015439, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature _____

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

Septic System Pre-Construction Meeting Checklist

File # 11441B App# 11441B Tax Parcel# 00903248

Property Owner: Jan.cc Roberts

Job Location Address: 7615 Gilead

City: Huntersville State: NC Zip Code:

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

   ☑ YES ☐ NO

   Comments:

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☑ YES ☐ NO

   Comments:

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☑ YES ☐ NO

   Comments:

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Heather Ray — 9-20-25

Authorized Agent — Date

Others Present

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 11441B Permit #: 30015439 Tax Parcel #: 00903248

Property Owner: Janice Robert & Thomas Roberts

Job Location Address: 7615 Gilead Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 9/22/25 Contractor Name: Willy Christenberry

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

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

Drainfield Installation ☐ N/A

Trench Depth: 33 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 308 feet

# of Lines: 4 @ Vary feet See site plan

Depth of Media: 12 inches (Type) CHM 36

Depth of Cover: 6+ inches

Distribution Device: End Cap to End Cap

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: 9/22/25

Excavation Inspected: 9/22/25

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: II-6 / 6 / CHM 36 / NA / NA

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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OPERATION PERMIT for an
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File #: 11441B Permit #: 30015439 Tax Parcel #: 00903248

Property Owner: Janice Robert & Thomas Roberts

Job Location Address: 7615 Gilead Rd

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIB

*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.

Type text here

☐ 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: 9/22/25

Signature: Heather Ray