MECKLENBURG COUNTY
HEALTH DEPARTMENT

10014B
#9675

APPL[ICATIO]N FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION
FOR A [ON]SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE A[TION]: ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE A[TION]: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION [ATION]:
TAX PARCEL NU[M] 01-571-02 16321 NC 73
STREET ADDRE[SS] 21[6] NC 73 Hwy
CITY: Cosa[ ]
STATE: NC [ZIP] 031
SUBDIVISION NA[M]
LOT #: _____ SIZE (acres): _____
TOWNSHIP:
○ MECKLENBUR[G] ○ 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: _____
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING T[O] [A]ND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☒ N/A
NUMBER OF BE[D]R[OOMS] TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPP[LY]: ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED U[SE] WELL: ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE IND[ICATE] AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☐ [A]N ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ___ ___ ___ ___ ___

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

BURIED CABLE[S]	[H]ILLS, STUMPHOLES ○ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WAST[E]	[O]R (SEPTIC) SYSTEMS ○ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRIN[GS]	[W]ATER LINES ○ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS O[R]	[R]OF-WAY'S ○ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PE[T]	STORAGE TANKS ○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STOR[AGE]	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. WHAT DA[TE] [T]HE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1964 ☒ UNKNOWN

11. WHAT IS T[HE] [A]NTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY [O]WNER:
NAME: Co[ ]arry Gibson
ADDRESS: 1[6] NC 73 Hwy
CITY: Co[ ]S
STATE: N[C] ZIP: 28031
WORK PHON[E] [N]A
MOBILE PHO[NE] [7]04-756-9999
FAX: _____
E-MAIL: g[ ]22@gmail.com

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 980-314-1660, FAX: 704-336-8894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYST[redacted]T APPLICATION:

If the information [redacted]ation is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have rea[redacted]cation and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right o[redacted]onduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the p[redacted]ntification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. [redacted]it is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, comple[redacted]on-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMI[redacted]ATION:

If the information [redacted]cation is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the inf[redacted]ovided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspect[redacted]ermine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all prop[redacted]nd corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve ([redacted] from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATIO[redacted]URE SECTION:

ONLY COMPLET[redacted]ATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefu[redacted]n in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ _____ _____

Property Owner's [redacted]s Legal Representative Signature Date

OFFICE USE ONLY

○ SURVEY PL[redacted]ALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLIC[redacted]E RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICAT[redacted]RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION P[redacted]ED BY: _____

GWS FILE NUM[redacted]GNED: _____

APPLICATION [redacted]R ASSIGNED: _____

COMMENTS:

_____

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MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1660, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

File #: [redacted]

PROPOSED PLOT PLAN

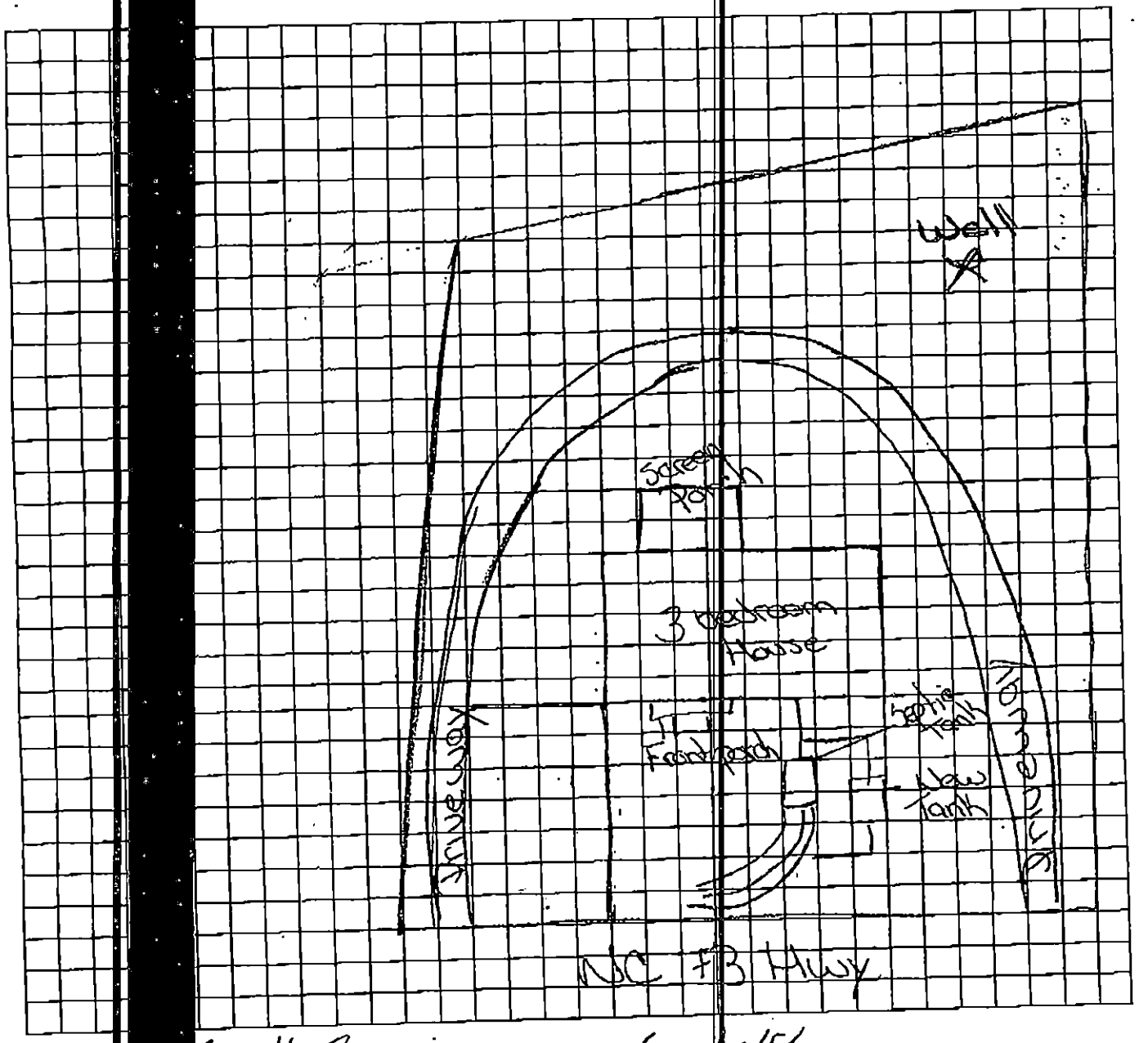
A drawing showing locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, [illegible] building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any abovegrou[illegible]derground storage tanks. Provide names for all roads that adjoin the property.

Street Address: [redacted] 10321 N NC 73 Hwy

Tax Parcel #: 6601-571-02

Subdivision Name: [redacted]

Lot #: [redacted]



Property Owner/Owner's Legal Representative Signature

6-1-18
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1660, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 10014 B Permit #: 9675 Tax Parcel #: 001-571-02

Property Owner: Gordon & Viki Gibson

Job Location Address: 16321 NC 73 hwy

City: Cornelius State: NC Zip Code: 28031

Improvement Permit Issuance Date: n/a **Construction Authorization Issuance Date** 6/1/18

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: 360 GPD

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

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: n/a 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: _____ 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 _____

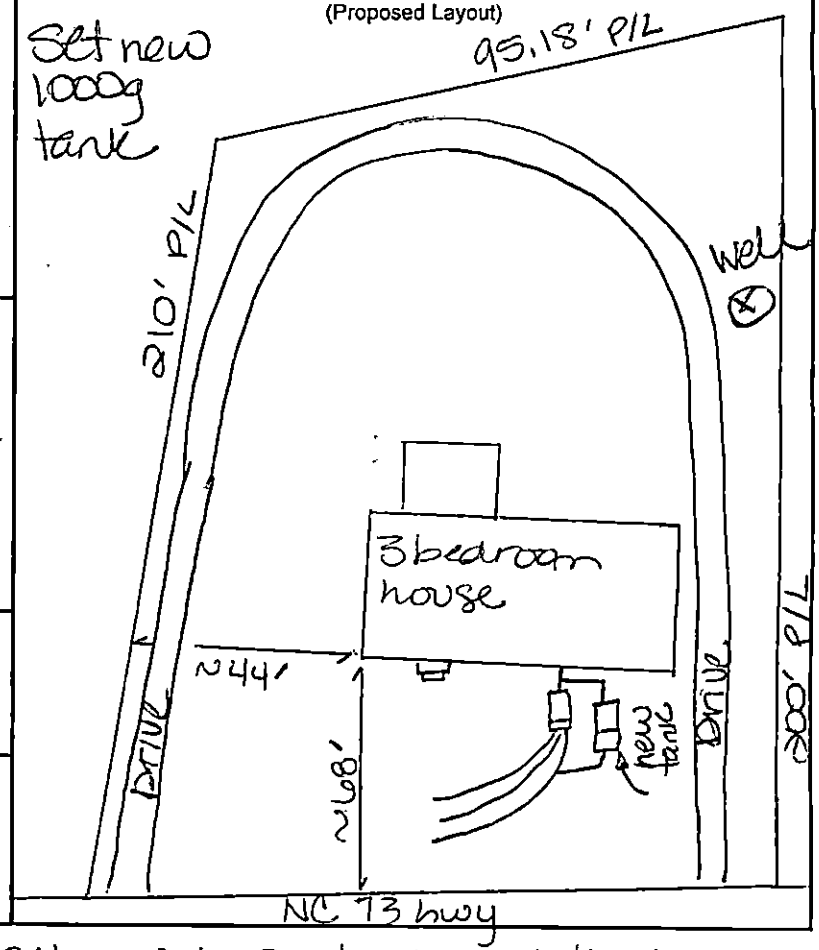
Minimum System Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Repair – Set new 1000g tank and tie back into existing drainfield. Pump/crush/fill the old tank

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

Owner Signature: Gordon Gibson Date: 6/1/18

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

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

File #: 100148 Permit #: 9675 Tax Parcel #: 001-571-02

Property Owner: Gordon & Vicki Gibson

Job Location Address: 16321 NC 73 Hwy

City: Cornelius State: NC Zip Code: 28031

Operation Permit Issuance Date: 6/7/18 Contractor Name: Carolina Septic Pro

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

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

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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: 11' feet

Distance from Property Line: 35' feet

Distance from Water Supply Source: 95' feet

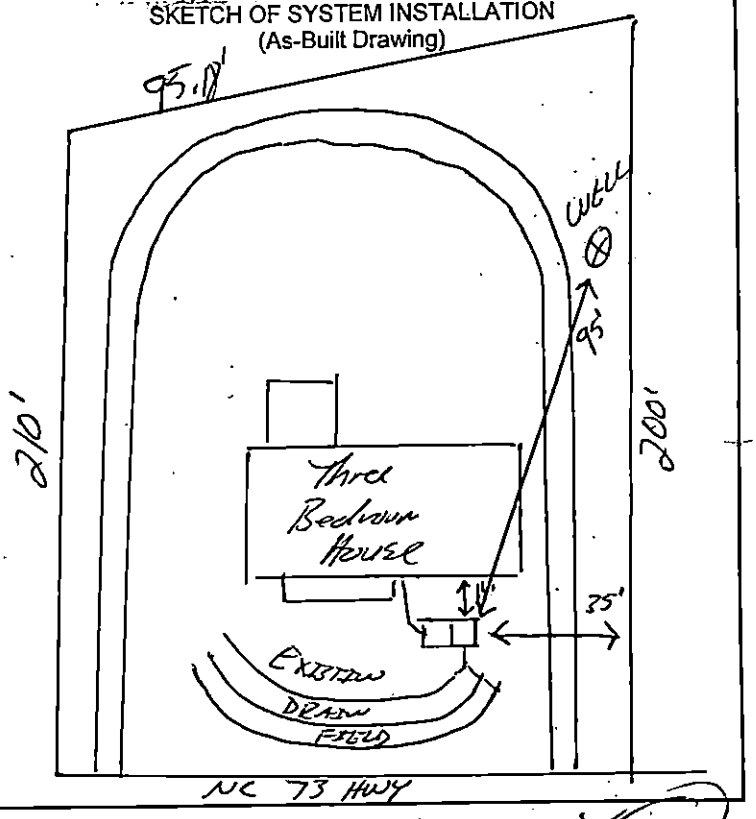
Inspection Dates

Tank(s) Inspected: 6/7/18

Excavation Inspected: —

Pump & Controls Inspected: —

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: IIa, GTR, GRAVITY, NA, NA

New Tank Installed

DENR Authorized Agent: Jeremy Michelon REHS Signature: Jeremy Michelon 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 #: 10014B Permit #: 9675 Tax Parcel #: 001-571-02

Property Owner: Gordon & Vicki Gibson

Job Location Address: 16321 NC 73 Hwy

City: Cornelius 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: IIa

*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: 2018 Repair - New Tank

DENR Authorized Agent: Jeremy Mickelson, REHS Date: 6/7/18

Signature: Jeremy Mickelson, REHS