MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

September 18 , 2019

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 9300 Horseshoe Bend Drive
Health Department File Number: 2203A

Dear Property Owner or Owner's Agent:

On September 16 , 2019 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated September 04 , 2019, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☒ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system.

If you need any additional information or assistance please contact our office at (980)314-1680.

Sincerely,
Heather Ray
Heather Ray, REHS
Environmental Specialist

Ray, Heather A

From: Ray, Heather A
Sent: Wednesday, September 18, 2019 3:57 PM
To: gerberconcrete@gmail.com
Subject: 9300 Horseshoe Bend Drive
Attachments: rayha_9-18-2019_15-18-37.pdf; Consultants List (July 2018).pdf

Good afternoon
Attached is the consultants list you requested. I also have attached your denial letter for your current application. If you do hire a consultant and he finds away to make your request work they will need to submit those plans to us and we can proceed from there

Heather Ray, REHS
Environmental Health Specialist
Mecklenburg County Public Health Department
Enviornmental Health Division
Office: 980-314-1649
Cell: 704-280-1485
Fax: 704-336-6894
Email: Heather.Ray@mecknc.gov

CONFIDENTIALITY NOTICE: This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

From: Heather.Ray@mecklenburgcountync.gov <Heather.Ray@mecklenburgcountync.gov>
Sent: Wednesday, September 18, 2019 3:20 PM
To: Ray, Heather A <Heather.Ray@mecklenburgcountync.gov>
Subject: Scan-to-Me

2203A
10478
#10697

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (✓) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
(✓) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
( ) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: David Gerber
ADDRESS: 9300 Horseshoe Bend Drive
CITY: Charlotte
STATE: N.C. ZIP: 28215
PHONE: 704-890-2060
ALTERNATE PHONE: 704-737-5934 (Chris) *
E-MAIL: gerberconcrete@gmail.com

PROPERTY OWNER: (✓) SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 10526141
STREET ADDRESS: 9300 Horseshoe Bend Dr.
CITY: Charlotte N.C
STATE: NC ZIP: N.C

SUBDIVISION OR MOBILE HOME PARK NAME: Farmwood North
LOT #:

WATER SUPPLY:
(✓) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(✓) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ( ) N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
(✓) BEDROOM (✓) BATHROOM (✓) KITCHEN ( ) DINING ROOM (✓) LIVING ROOM ( ) DEN
(✓) GARAGE ( ) SUNROOM ( ) PORCH ( ) DECK ( ) OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
( ) DETACHED GARAGE ( ) DETACHED GARAGE WITH PLUMBING ( ) POOL HOUSE ( ) SHOP ( ) BARN
( ) STORAGE SHED ( ) DETACHED PORCH / DECK ( ) OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

David T. Gerber
Owner's/Agent's Signature

9-4-2019
Date

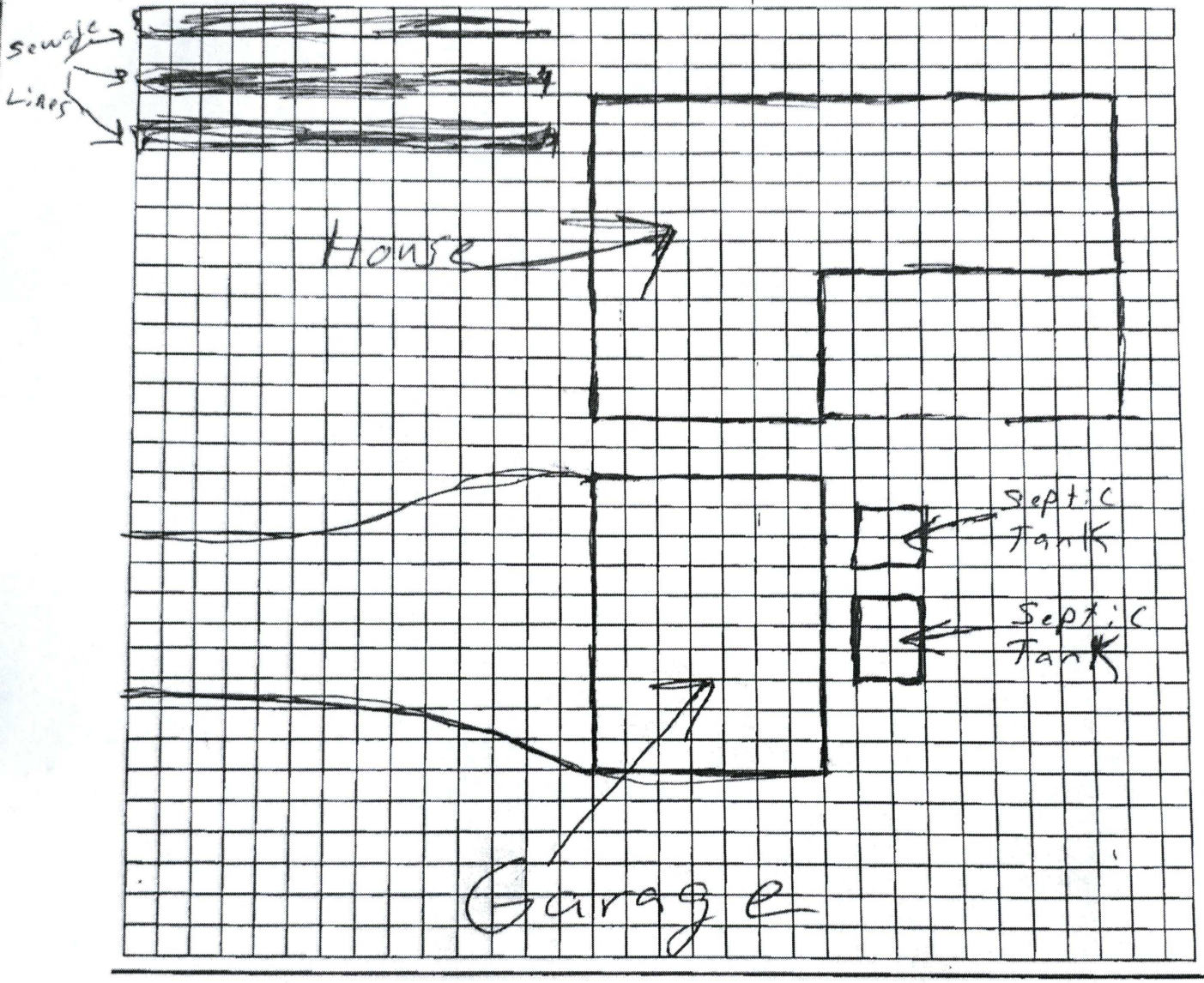
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 9300 Horseshoe Bend Drive Tax Parcel #: _____



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

addition/renovation is denied.

REHS Signature 9/18/19 Date

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

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/05/19	**Amount:**	100.00
Receipt #:	118589	**Tendered:**	100.00
Check / Auth #:	MC 704671	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: GERBER, DAVID
Attn:
Address: 9300 HORSESHOE BEND DR
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9300 HORSESHOE BEND DR		1	100.00	100.00

Outstanding Balances

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: DAVID GERBER

Bill To:

GERBER DAVID
9300 HORSESHOE BEND DR

Charlotte, NC 28215

Single Payment

Transaction Date: 09/05/2019 12:16 PM Pacific Time
Pay Method: **********1990
Approval #: 704671
Trace Number: 0d1db6dd-7ab4-4aac-81d8-76c971de7fbb
Amount: $100.00

Payment Amount: $100.00

Total: **$100.00**

Thank you for your payment.