Supervisor/Administrative Professional Checklist

New Septic ☑ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) ✓ 4-26-12 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☑ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☑

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☑ SAM

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 15980 WASPS App #: 5567

Primary ES assigned to project: Jeremy Michelore

Secondary ES assigned to project: _____

Project Type: New System ☒ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law				
	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☐	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☑
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 4 Pits			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑ on plot plan	No ☒ Large Tract of land	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

IA issued date: 10/23/12

OP issued date: 10/25/12

Review performed by: JAM Date performed: 5-4-12

15980

Proj ~~2011125~~

MECKLENBURG COUNTY HEALTH DEPARTMENT

App# 5567

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: 009-061-03

STREET ADDRESS: 8801 GILEAD RD

CITY: HUNTERSVILLE

STATE: NC ZIP: 28078

SUBDIVISION NAME: _____

LOT #: _____ LOT SIZE (acres): 6.38

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: 1800

NUMBER OF BEDROOMS: 2

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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: GAIL GALE

ADDRESS: 8801 GILEAD RD

CITY: HUNTERSVILLE

STATE: NC ZIP: 28078

WORK PHONE: _____

MOBILE PHONE: 980 297 9525

FAX: _____

E-MAIL: _____

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: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

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.

JMA (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.

JMA (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.

John M Hale
Property Owner's or Owner's Legal Representative Signature

4 25 12
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 00 DATE FEE RECEIVED: 4/26/12

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

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 15980

APPLICATION ID NUMBER ASSIGNED: 5567

COMMENTS:

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

Revised on: 12/15/10

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

Property ID: 906103
Lot #: 3
File #: 15980
AppID: 5567

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Gail Gale (Nicky)
Applicant: Nicky Gale
Address: 8801 Gilead Road Huntersville, NC 28078
Date Evaluated: 5/2/2012
Proposed Facility: Residence Design Flow (.1949) 240 GPD
Property Size:
Location of Site: 8801 Gilead Road Huntersville, NC 28078
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

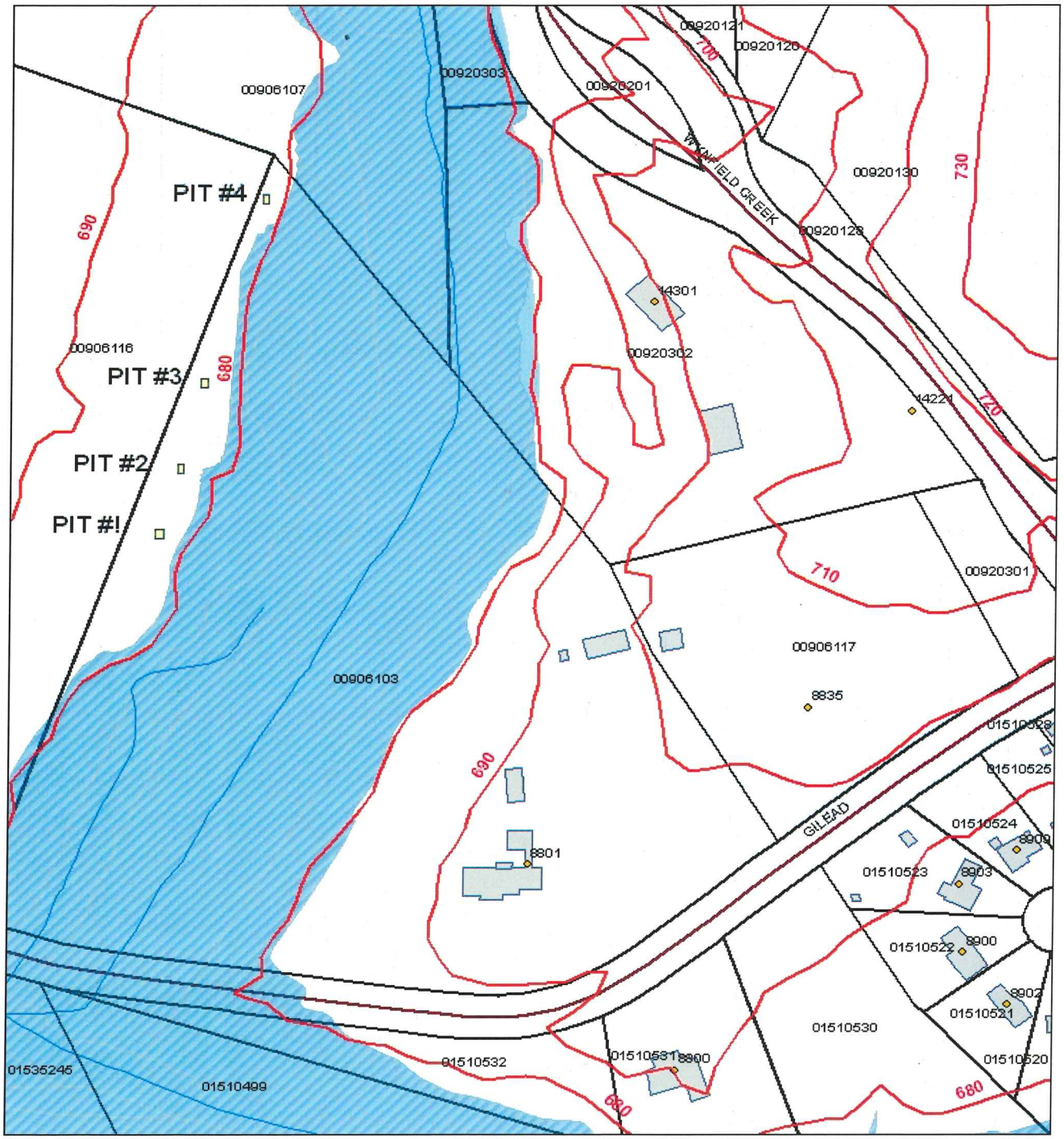
PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
#1	LS 2%	0-15	GR/SCL	FR/SS/SP/SEXP	CHROMA 2 @ 41"	50	NA	NA	PS 0.3 G/D/FT2
		15-31	GR/SL	FR/NS/NP/NEXP					
		31-50	ABK/C	FI/S/P/SEXP					
#2	LS 3%	0-20	GR/SCL	FR/SS/SP/SEXP	CHROMA 2 @ 42"	55	NA	NA	PS 0.3 G/D/FT2
		20-31	GR/SL	FR/NS/NP/NEXP					
		31-42	SBK/SCL	FI/SS/SP/SEXP					
		42-55	ABK/C	FI/S/P/SEXP					
#3	LS 3%	0-37	GR/SCL	FR/SS/SP/SEXP	CHROMA 2 @ 48"	51	NA	NA	PS 0.3 G/D/FT2
		37-51	SBK/SCL	FI/SS/SP/SEXP					
#4	LS 3%	0-31	GR/SCL	FR/SS/SP/SEXP	CHROMA 2@ 49"	52	NA	NA	PS 0.3 G/D/FT2
		31-52	GR/SL	FR/NS/NP/NEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	II a	III bg
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present: Nicky Gale
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michelone, REHS
Others Present: Nicky Gale

Jeremy Mic. REHS

Sketch of Soil Evaluation Locations



Map Created By: JEREMY MICHELONE, REHS
Map Created On: 4/3/12

0 62.5 125 250 Feet

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 15980 Permit #: 5567 Tax Parcel #: 009-061-03

Property Owner: GAIL GALE

Job Location Address: 8801 GILEAD ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 10/23/12

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 11/23/12, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 240 GPD

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

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☐ N/A

Trench Depth: 18 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 270 feet

# of Lines: 3 @ 90 feet

Depth of Media: 12 inches (Type) STONE

Distribution Device: D-BOX

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 _____

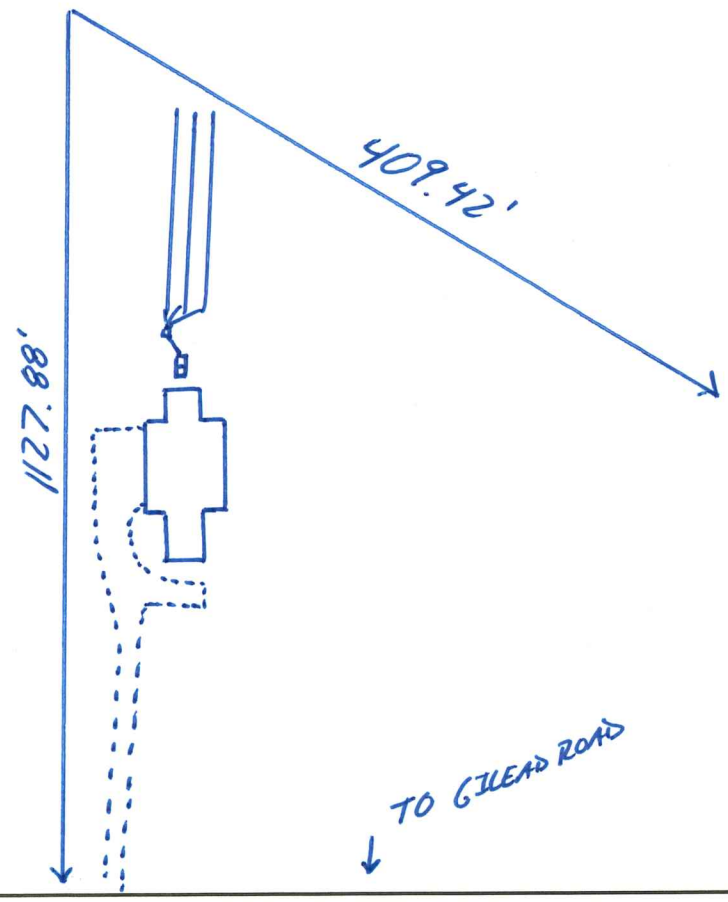
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa, GTR, GP, NA, NA

DENR Authorized Agent: Jeremy Michael Reiss Signature: Jeremy Michael Reiss

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30005567** GWS File #: **15980** Tax Parcel #: **009-061-03**

- 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. The Construction Authorization is **NOT** transferable. 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):** 5/3/2017

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

Structure Type: HOUSE Size (ft^2): 1800 # Bedrooms: 2 # Occupants: 2

Building Foundation: Concrete Slab Water Supply: Private Well

II. Initial System Type: Conventional **System Classification:** IIa

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	18	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Pump to Approved **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	18	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent:_____
Print Name

Signature:_____ Signature:_____

Date Issued: 5/3/2012

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30005567** GWS File #: **15980**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 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.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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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- The permitted system shall be installed in accordance with the included PLOT PLAN.
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DENR Authorized Agent: Jeremy Michelone

Signature:_____

Date Issued: 5/3/2012

Owner/Legal Agent:_____
Print Name

Signature:_____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30005567** GWS File #: **15980** Tax Parcel #: **009-061-03**

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Maximum Trench Depth (in):	18	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Pump to Approved **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	18	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: JOHN N GALE
Print Name

Signature: Jeremy Mich. REHS Signature: John N Gale

Date Issued: 5/3/2012

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

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

Permit #: **30005567** GWS File #: **15980**

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- 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.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, REHS

Date Issued: 5/3/2012

Owner/Legal Agent: JOHN N GALLE
Print Name

Signature: John N Galle

LOT #3 8801 GILEAD ROAD

FILE # 15980

PERMIT # 5567 / 5568

PARCEL # 009-061-03

→ THE HOUSE IS ALREADY UNDER CONSTRUCTION

→ 2 BEDROOM SEPTIC SYSTEM

→ 1500 SEPTIC TANK

→ INSTALL 3 LINES x 100' x 3' x 12" STONE

→ TYPE IIa CONVENTIONAL SYSTEM

→ TYPE IIIb9 PUMP TO 25% REDUCTION REPAIR SYSTEM

→ INSTALL TRENCHES 18" MAX.

→ INSTALL WELL AT LEAST:
- 25' FROM FOUNDATION
- 100' FROM SEPTIC SYSTEM

Jimmy McL. REHS 5/3/2012

John M Gale

SCALE: 1" = 100'

EXEMPT SUBDIVISION

This plat represents a division of property within the jurisdiction 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 Zoning and Subdivision Ordinance. It is not subject to the provisions of the Huntersville Subdivision Ordinance and does not require the approval of the Hunters Board of Commissioners. However any further subdivision of this property may be subject to these provisions.

Town Planner _____ Date _____

Notary Public
My commission expires

STONE WITNESSED BY 1" PIPE

FENCE ALONG PROPERTY LINE

S 37°00'00"E 693.86'

409.42'

S 12°16'32"E 4.96'

SSMH

3 LINES x 3' x 100' x 12" STONE @ 18" DEEP

1500 TANK

250' ±

LOT 3
6.38 AC.
GAIL GALE
PART OF DB 21348-677
PART OF PIN 009-061-03
PART OF MB 48-257

134.39'

S 28°25'02"W

117.45'

S 28°09'33"W

72" CMP

N 19°30'00"E 1127.88'

107.22'

REPAIR (4) AREA

WELL AREA

FEMA FLOOD LINE TAKEN FROM MECKLENBURG COUNTY TAX MAP

674.3'
673.7'
673.4'
679.6'
679.8'
673.3'
672.9'
673.7'

FUTURE 100 YR. FLOOD ELEV.-680.3'

TOE OF SLOPE

COMMUNITY ENCROACHMENT LINE

FEMA ENCROACHMENT LINE

NEW PROPERTY LINE

S 29°43'29"W 275.45'

SSMH

CENTERLINE CREEK

SANITARY SEWER LINE

FLOW

153.88'

S 30°52'00"W

204.76'

S 34°06'43"W

WYNFIELD PROPERTY OWNERS ASSOC.
DB 6427-548
PIN 009-203-02
MB 3-466

284.44'

BENT 1-1/2" SHAFT

N 24°49'36"W 131.21'

CONTROL CORNER

WELL AREA

SET CONCRETE MONUMENT

LOT 2
8.59 AC.
GAIL GALE
PART OF DB 21348-677
PART OF PIN 009-061-03
PART OF MB 48-257

N 31°40'47"W 335.81' TOTAL

305.50'

SHED

WELL

GAR.

1 STORY BRICK

CONCRETE DRIVE

ADDRESS: 8801 GILEAD ROAD

PUBLIC ROAD
CURRENT RIGHT OF WAY
IS LIMITED TO AREA MAINTAINED

GILEAD ROAD

CENTERLINE

WATER

FIRE HYDRANT

N 75°29'14"E 390.92'

150' ±

LOT #1

S 75°37'44"W 84.41'

#5 REBAR

#4 REBAR CONTROL CORNER

WYNFIELD PROPERTY OWNERS ASSOC.
DB 6427-548
PIN 009-203-01

S 28°17'35"E 319.12'

288.42'

WYNFIELD CREEK PARKWAY

S 35°15'38"E 271.40'

FIR

MAG NAIL

GAS METER

S 62°20'38"W 114.86'

S 70°23'50"W 155.7

#5 REBAR

50.70'

GAS VALVE

L1 L2 L3 L4 L5 L10 L11 L12 L9 L13 C1 L14 L15 L16 L17 L18

100' 100' 100'

REPAIR AREA

TRANSITIONAL R/W (35' FROM CENTERLINE)

OVERHEAD POWER

27.78'

30.31'

30.49'

#5 REBAR

25.20'

65.57'

S 32°19'21"E 249.59'

#3 REBAR

153.54'

23.90'

#5 REBAR

CONCRETE MONUMENT

#5 REBAR

ROCK WALL

CP

S 19°50'59"E 388.55'

#5 REBAR

N 09°14'25"W

4" SEWER LINE FROM

SURVEYED BY PYRAM

LOT 4
HUGO WINTERHA
DB 9030-48
PIN 015-105-

LOT 5
ROBERT STAPP
& TAMMY M. STAF
DB 6491-123
PIN 015-105-24

LOT 6
ROY L. DAGGERHART
& TRACY H. DAGGERHART
DB 13870-124
PIN 015-105-23
MB 23-176

LOT 7
JOHN G. MAFERA
& wf. DIANE M.
DB 6282-727
PIN 015-105-22
MB 23-176

ANNA TINKHAM THERRELL
& HOWARD WAYNE THERRELL
DB 6012-330
PIN 015-105-31

ANNA FRAN
& HOWA

PUBLIC ROAD
CURRENT RIGHT OF WAY
IS LIMITED TO AREA MAINTAINED

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 15980 Permit #: 5567 Tax Parcel #: 009-061-03

Property Owner: GAIL GALE

Job Location Address: 8801 GILEAD ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 10/25/12 Contractor Name: HOMEOWNER

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 18 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ 100' feet

Depth of Media: 12 inches (Type) STONE

Depth of Cover: 6 inches (ADDITIONAL COVER BROUGHT IN)

Distribution Device: D-BOX

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: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

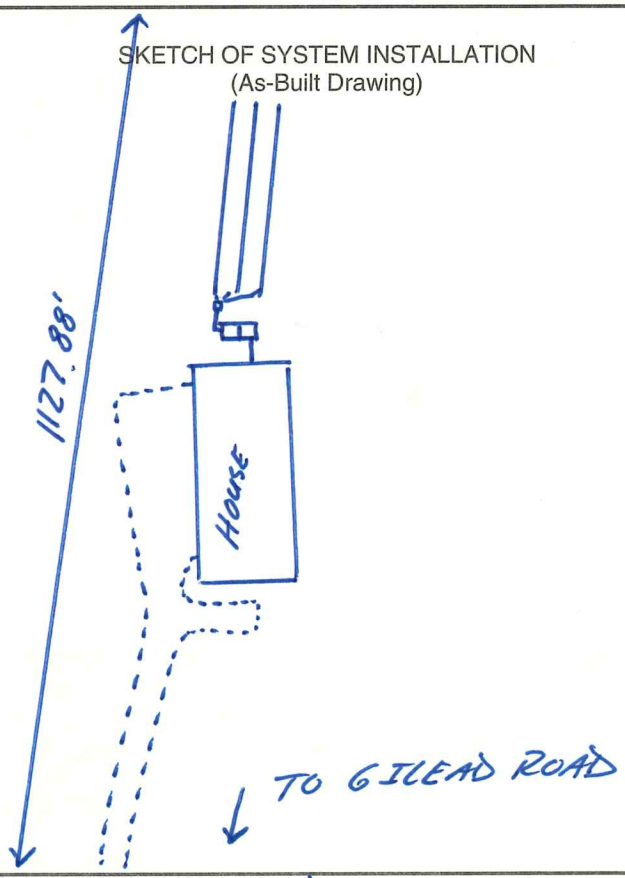
Inspection Dates

Tank(s) Inspected: 10/25/12

Excavation Inspected: 10/25/12

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

DENR Authorized Agent: Jeremy Mickelson, REHS Signature: Jeremy Mickelson, REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 15990 Permit #: 5567 Tax Parcel #: 009-061-05

Property Owner: GAIL GALE

Job Location Address: 9201 GILEAD ROAD

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: 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:

DENR Authorized Agent: Jeremy Michele Reeves Date: 10/25/12

Signature: Jeremy Michele Reeves

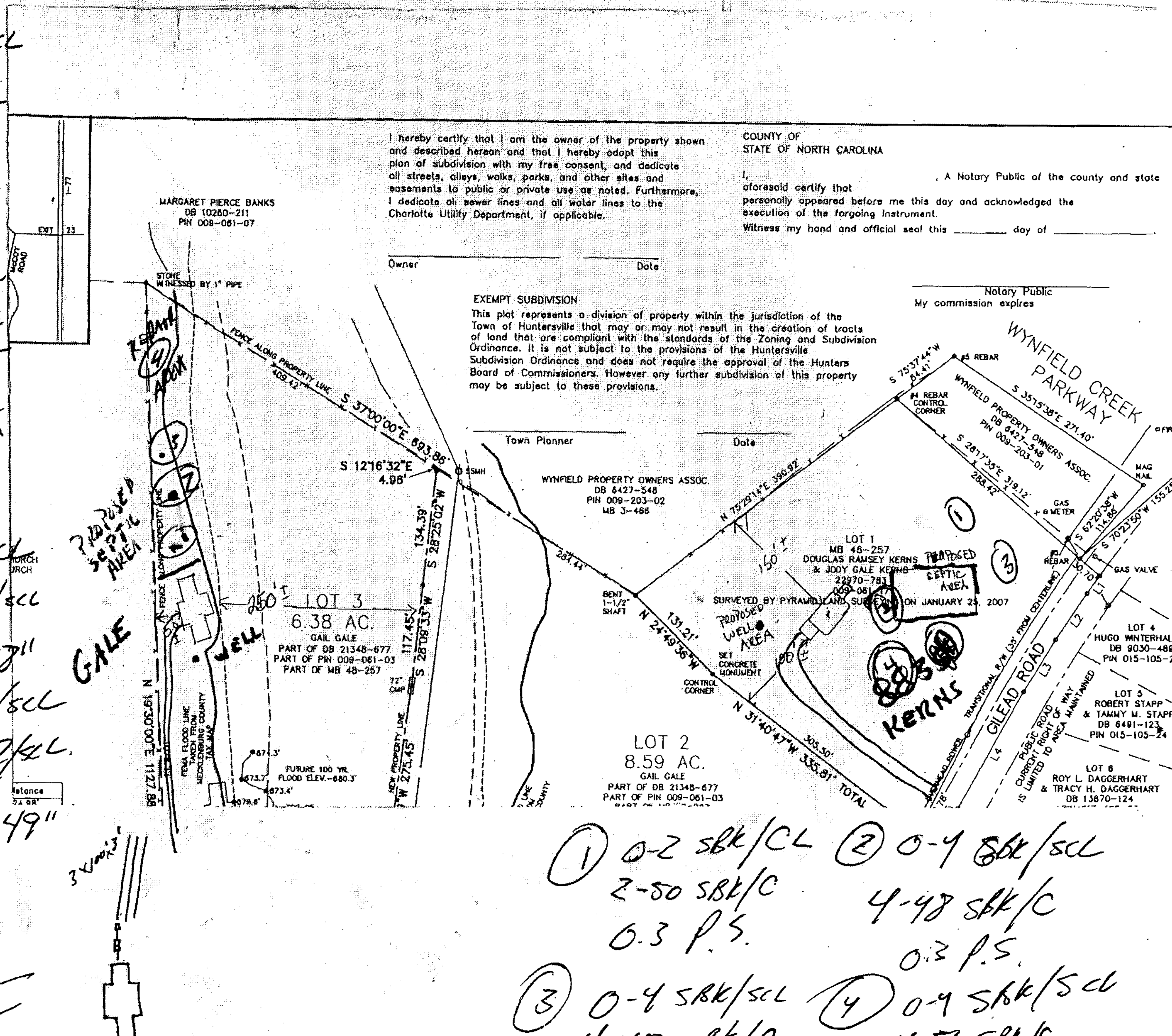
#1 0-15 GR/SCL
15-31 GR/SL
31-50
ABK/C
Chroma 2 @ 41" 0.3

#2 0-20 GR/SCL
20-21 GR/SL
21-42 SBK/SCL
42-55 ABK
Chroma 2 @ 42"
0.3

#3 0-37 GR/SCL
37-51 SBK/SCL
0.3
Chroma 2 @ 48"

#4 0-31 GR/SCL
31-52 GR/SCL
Chroma 2 @ 49"
0-3

18" TRENCH DEPTHS



① 0-2 SBK/CL
2-50 SBK/C
0.3 P.S.

② 0-4 SBK/SCL
4-48 SBK/C
0.3 P.S.

③ 0-4 SBK/SCL
4-48 SBK/C

④ 0-4 SBK/SCL
4-50 SBK/C
.3 P.S.

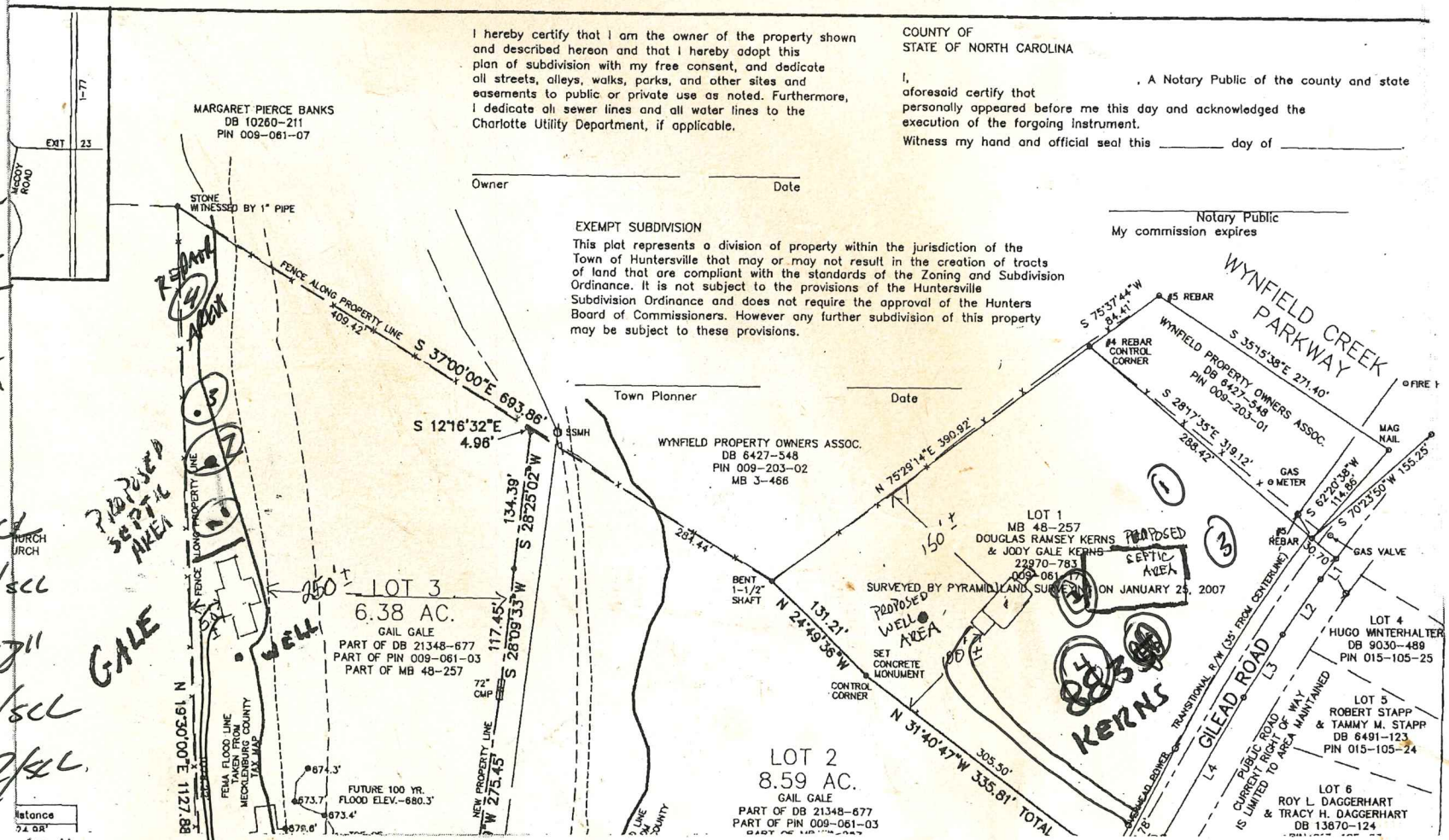
#1 0-15 GR/SCL
15-31 GR/SL
31-50 & ABK/C
Chroma 2 @ 41" 0.5

#2 0-20 GR/SCL
20-31 GR/SL
31-42 SBK/SCL
42-55 ABK
Chroma 2 @ 42"
0.3

#3 0-37 GR/SCL
37-51 SBK/SCL
0.3
Chroma 2 @ 48"

#4 0-31 GR/SCL
31-52 GR/SCL
Chroma 2 @ 49"
0-3

18" TRENCH DEPTHS



(1) 0-2 SBK/CL
2-50 SBK/C
0.3 P.S.

(2) 0-4 SBK/SCL
4-48 SBK/C
0.3 P.S.

(3) 0-4 SBK/SCL
4-48 SBK/C

(4) 0-4 SBK/SCL
4-50 SBK/C
+3 P.S.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/26/12
Receipt #: 78075
Check / Auth #: MC 074672
Received By: SADERLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: GALE GAIL
Attn:
Address: 8801 GILEAD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen		1	250.00	250.00

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

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